

Exhibit 11

Page 1

1 SUPERIOR COURT OF NEW JERSEY
2 LAW DIVISION: ATLANTIC COUNTY
3 DOCKET NO: ATL-L-6546-14

4
5 IN RE: TALC-BASED PRODUCTS LITIGATION
6
7 CASE NO. 300

8
9 BRANDI CARL and JOEL CARL, W/H,
vs.
JOHNSON & JOHNSON, et al.

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15 The deposition of MICHAEL FINAN, M.D., F.A.C.S.,
16 taken at the law offices of McDowell, Knight,
17 Roedder and Sledge, 11 North Water Street,
18 Mobile, Alabama, on the 10th day of May, 2024,
19 commencing at approximately 9:00 a.m.

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22		
23		
24		
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1 I N D E X - (continue)		Page 6	Page 8
2 Exhibit 26	265		1 Q Okay. So let's start out marking
3 "Genital use of talc and risk of ovarian cancer: a			2 exhibits. The first will be your expert report.
4 meta-analysis" - Berge, et al.			3 It's Exhibit Number 1.
5 Exhibit 27	266		4 (PLAINTIFF'S EXHIBIT NUMBER 1
6 "Peritoneal Talc Use and Ovarian Cancer" - Penninkilampi,			5 WAS MARKED FOR IDENTIFICATION.)
7 et al.			6 MS. THOMPSON:
8 Exhibit 28	267		7 Q And I received the first expert report
9 "Critical review of the association between peritoneal use of			8 on April 3rd of 2024, and then we received a --
10 talc powder and risk of ovarian cancer" - Taher, et al.			9 an amended report yesterday that was dated
11 Exhibit 29	269		10 May 8th. What were the changes in those two
12 Letter from John Godleski to David Dearing - 8/25/21			11 reports that you made?
13			12 A Somehow when we printed the one we
14			13 submitted the earlier date --
15			14 I think you said it was May 3rd?
16			15 Q April 3rd.
17			16 A April 3rd.
18			17 -- it was missing these three graphics,
19			18 the one on page 44, one on page 46, and one on
20			19 page 47. So I had referred to the graphics, but
21			20 the graphics were missing. And I don't know how
22			21 that happened. It was some sort of electronic
23			22 error, I believe.
24			23 Q And was that the only change --
			24 A Correct.
1 MICHAEL FINAN, M.D.,		Page 7	Page 9
2 the witness, after having first been			1 Q -- that you're aware of? That's what
3 duly sworn to tell the truth, the whole truth,			2 we thought, too. I just wanted to make sure that
4 and nothing but the truth, was examined and			3 was the case.
5 testified as follows:			4 A Yes.
6 EXAMINATION			5 Q And those changes or the addition of
7 BY MS. THOMPSON:			6 those graphics were just because they had been
8 Q Good morning, Dr. Finan.			7 inadvertently left off the first report.
9 A Good morning.			8 A That is correct.
10 Q How are you? I'm Margaret Thompson,			9 Q And I think you left your CV off this
11 and we met just before this deposition; right?			10 amended report, and I assume that's because we
12 A Correct.			11 already had that. Is that correct?
13 Q And I know you've been through this			12 A Correct.
14 process before, so I don't need to go through any			13 Q Were there any additions to the
15 instructions with you; right?			14 materials considered, the Exhibit B reliance
16 A Correct.			15 list?
17 Q And you understand that the purpose of			16 A No, ma'am.
18 today is for me to understand what your opinions			17 Q Okay. Let's go ahead and mark the
19 will be in this case. Correct?			18 invoice that we received yesterday, too, as
20 A Correct.			19 Exhibit 2.
21 Q And also to understand and learn what			20 (PLAINTIFF'S EXHIBIT NUMBER 2
22 you looked at and used to formulate those			21 WAS MARKED FOR IDENTIFICATION.)
23 opinions. Right?			22 MS. THOMPSON:
24 A Correct.			23 Q And we received this this week as well.

<p>1 the Carl case?</p> <p>2 A Yes, ma'am.</p> <p>3 Q And have you been paid for this</p> <p>4 invoice?</p> <p>5 A Yes.</p> <p>6 Q And your hourly rate is \$650.00; is</p> <p>7 that correct?</p> <p>8 A Correct.</p> <p>9 Q And the invoice is for</p> <p>10 \$17,700-something dollars; correct?</p> <p>11 A Correct.</p> <p>12 Q And I believe that would represent</p> <p>13 about 28 hours' work on the Carl case.</p> <p>14 A That is correct.</p> <p>15 Q And what does that 28 hours include?</p> <p>16 A Review of documents, review of medical</p> <p>17 records, literature review, meetings with</p> <p>18 attorneys, and working on the expert report.</p> <p>19 Q Was -- was -- were all of those</p> <p>20 included in the 17,000 or were there other</p> <p>21 invoices for parts of that?</p> <p>22 MS. CURRY:</p> <p>23 Object to the form.</p> <p>24 A There were no other invoices.</p>	Page 10	<p>1 down the hours --</p> <p>2 Well, let me put it this way. Let's</p> <p>3 try to break down the hours, approximately, of --</p> <p>4 That would be approximately 50 to 60</p> <p>5 hours total. How much was spent with literature</p> <p>6 review?</p> <p>7 MS. CURRY:</p> <p>8 Object to the form.</p> <p>9 A I'll be honest with you. I don't</p> <p>10 really -- I don't know.</p> <p>11 MS. THOMPSON:</p> <p>12 Q How about how much was spent writing</p> <p>13 the report?</p> <p>14 A I don't know.</p> <p>15 Q And do you know how much time you spent</p> <p>16 with Miss Carl's medical records?</p> <p>17 A I don't know.</p> <p>18 Q Okay. And, so, that was just all</p> <p>19 lumped into the --</p> <p>20 A Right.</p> <p>21 Q -- the number.</p> <p>22 A I don't really keep track of it</p> <p>23 separately.</p> <p>24 Q Okay. What did you do to prepare for</p>	Page 12
<p>1 MS. THOMPSON:</p> <p>2 Q Okay. So that would include the</p> <p>3 writing of the report as well as the medical</p> <p>4 records and literature specific to Miss Carl?</p> <p>5 MS. CURRY:</p> <p>6 Object to the form.</p> <p>7 A Well, working on it to date. This</p> <p>8 invoice was dated December 28th, 2021.</p> <p>9 MS. THOMPSON:</p> <p>10 Q Okay.</p> <p>11 A So that was two-and-a-half years ago.</p> <p>12 Q Fair enough.</p> <p>13 And what work have you done since that</p> <p>14 time?</p> <p>15 A Similar work. Review of documents,</p> <p>16 review of medical records, literature review,</p> <p>17 meetings with attorneys, and then continuing to</p> <p>18 work on the expert report.</p> <p>19 Q Okay. Can you estimate or have you --</p> <p>20 can you estimate the number of hours that you</p> <p>21 spent since December, when this invoice was</p> <p>22 submitted?</p> <p>23 A I would estimate around 40 to 50 or so.</p> <p>24 Q Okay. Is it possible for you to break</p>	Page 11	<p>1 the deposition today?</p> <p>2 A Well, I reviewed the --</p> <p>3 Let me get back to my expert report.</p> <p>4 I reviewed Brandi Carl's Plaintiff Fact</p> <p>5 Sheet and the amended fact sheet. I reviewed the</p> <p>6 deposition of Brandi Carl. I reviewed the two</p> <p>7 depositions of Dr. Judith Wolf. I reviewed the</p> <p>8 expert records of Dr. Godleski and Dr. Wolf. And</p> <p>9 then I reviewed select medical records. I can't</p> <p>10 really be more specific than that. And then the</p> <p>11 literature that I've referenced, the national</p> <p>12 society reports and then the contents of my</p> <p>13 expert report, and then met with our -- the</p> <p>14 attorneys a handful of times.</p> <p>15 Q Can you pin that down more than a</p> <p>16 handful of times? How many times did you meet</p> <p>17 with attorneys in preparation for this</p> <p>18 deposition?</p> <p>19 A I think three.</p> <p>20 Q And were those in person or Zoom?</p> <p>21 A Zoom.</p> <p>22 Q Did you meet in person with the</p> <p>23 attorneys in preparation for the deposition?</p> <p>24 A Not other than this morning --</p>	Page 13

<p>1 in the talcum powder litigation?</p> <p>2 A I have no idea.</p> <p>3 Q No idea?</p> <p>4 A Well, I don't want to give you an</p> <p>5 inaccurate number, and I really just -- I don't</p> <p>6 keep track of it.</p> <p>7 Q Okay.</p> <p>8 A I mean, I submit an invoice and I get</p> <p>9 paid and I move on to my next patient, my next</p> <p>10 case. I'm primarily a clinician.</p> <p>11 Q Understood.</p> <p>12 MS. THOMPSON:</p> <p>13 Dawn, we'd request the invoices for all</p> <p>14 the talcum powder litigation. I think that's</p> <p>15 been provided with other experts.</p> <p>16 MS. CURRY:</p> <p>17 If you can make the request in writing,</p> <p>18 that would be wonderful.</p> <p>19 MS. THOMPSON:</p> <p>20 Q Can you estimate what percentage of</p> <p>21 your income over the past year has been related</p> <p>22 to talcum powder litigation?</p> <p>23 A Less than 5 percent.</p> <p>24 Q Okay. Let's mark as Exhibit 3 -- this</p>	<p>Page 18</p> <p>1 MS. CURRY:</p> <p>2 Object to the form.</p> <p>3 A I use it on a regular basis to -- to</p> <p>4 keep myself up to date.</p> <p>5 MS. THOMPSON:</p> <p>6 Q And is it a reliable source, do you</p> <p>7 consider?</p> <p>8 MS. CURRY:</p> <p>9 Object to the form.</p> <p>10 A Is --</p> <p>11 Are you using "reliable" in a legal</p> <p>12 sense?</p> <p>13 MS. THOMPSON:</p> <p>14 Q No. We're using it in a --</p> <p>15 A Just a general sense?</p> <p>16 Q A general sense.</p> <p>17 A Yes, it's reliable.</p> <p>18 Q If you're thinking about evidence-based</p> <p>19 medicine, would it be a source you would go to to</p> <p>20 assure that whatever practices you are doing are</p> <p>21 consistent with what -- where there is evidence?</p> <p>22 MS. CURRY:</p> <p>23 Object to the form.</p> <p>24 A Along with other sources, sure. I use</p>
<p>1 is Exhibit B on your expert report, which is your</p> <p>2 materials considered list. And we're going to be</p> <p>3 using that, so I thought it would be easier to</p> <p>4 have it as a separate exhibit rather than having</p> <p>5 to flip through the report each time.</p> <p>6 (PLAINTIFF'S EXHIBIT NUMBER 3</p> <p>7 WAS MARKED FOR IDENTIFICATION.)</p> <p>8 MS. THOMPSON:</p> <p>9 Q Did you find the literature on the</p> <p>10 materials considered list?</p> <p>11 A It was a mix. I found some, and Dawn</p> <p>12 and Su-Lyn found some.</p> <p>13 Q And what was your process that you used</p> <p>14 for finding that literature on the materials</p> <p>15 considered list?</p> <p>16 A PubMed search and -- some PubMed</p> <p>17 searches. I use UpToDate and look at references</p> <p>18 that they cite, and then I -- as I'm going</p> <p>19 through various pieces of literature, I'll pull</p> <p>20 references that are cited in the literature.</p> <p>21 Q Do you consider UpToDate a reliable</p> <p>22 resource for opinions or information -- let's</p> <p>23 take out opinions -- for information on various</p> <p>24 medical topics?</p>	<p>Page 19</p> <p>1 the NCCN guidelines as well, as well as other</p> <p>2 sources. But, yes, it's one of many.</p> <p>3 MS. THOMPSON:</p> <p>4 Q Okay. When were you first contacted by</p> <p>5 the defendants for any talc case?</p> <p>6 A I believe it was 2015, if I'm not</p> <p>7 mistaken. I have -- don't -- I do not have a</p> <p>8 photographic memory, though.</p> <p>9 Q Neither do I.</p> <p>10 Do you remember what the case was that</p> <p>11 you reviewed initially?</p> <p>12 A I do not.</p> <p>13 Q Were you initially asked just to give</p> <p>14 general opinions rather than a specific</p> <p>15 plaintiff's case?</p> <p>16 A I was -- I was asked if I was -- if I</p> <p>17 was interested in working on the talcum powder</p> <p>18 litigation on the defense side, and I said yes.</p> <p>19 And I really can't remember the details of the</p> <p>20 initial meetings, whether it was records sent to</p> <p>21 me or whether it was a phone call or a meeting.</p> <p>22 That was -- what? -- nine years ago.</p> <p>23 Q And who initially contacted you?</p> <p>24 A Actually, an attorney locally, who,</p>

<p>1 again, I'm forgetting his name. But I had his 2 niece -- 3 I was cancer center director at the 4 Mitchell Cancer Center Institute here in Mobile, 5 which is part of University of South Alabama, and 6 he had called me -- he was a supporter of the 7 cancer institute, a financial supporter, 8 community supporter, and he had asked me if I 9 could arrange for his niece to do a research -- 10 get a summer experience in research. So -- 11 And we did that all the time for 12 various people who would apply. 13 So he took me out in the fall and just 14 asked me if I would join him for lunch to thank 15 me for doing that, and it just came up over 16 lunch. 17 Q And you were specifically asked if you 18 would be interested in working on the defense 19 side; correct? 20 A That's what he asked me, yes. 21 Q And you said yes. 22 A I said I was interested, yes. 23 Q Okay. Through this process, did you 24 receive any J&J company documents?</p>	Page 22	<p>1 Coast; Gulfport, Ocean Springs, and Pascagoula, 2 Mississippi. 3 Q Have you ever published any articles on 4 talc and ovarian cancer? 5 A No. 6 Q Do you intend to? 7 A I do not. 8 Q Have you ever published any articles on 9 risk factors for ovarian cancer? 10 A No. Not that I recall. 11 Q Do you intend to? 12 A No. 13 Q Do you intend to publish articles, 14 research during the remainder of your career? 15 MS. CURRY: 16 Object to the form. 17 A If -- if -- I mean, I'm still engaged 18 with my former associates and partners at 19 South Alabama, so if something comes up that 20 interests me, yes, or if something comes up 21 that's a result of our prior research. I think 22 our last paper was published within the last year 23 or two. Let's see. Yeah, 2021. 24 Q '22. '21?</p>
<p>1 A No, ma'am. 2 Q None? 3 A None that I recall, no. 4 Q And, through this process, have you 5 ever asked for any company documents? 6 A No. 7 Q Let's mark Exhibit 4, is your CV. 8 (PLAINTIFF'S EXHIBIT NUMBER 4 9 WAS MARKED FOR IDENTIFICATION.) 10 MS. THOMPSON: 11 Q And is this a current CV? 12 A Yes, ma'am. 13 Q And what is your current position, 14 Dr. Finan? 15 A Well, I'm a practicing gynecologic 16 oncologist. That's my primary role. And then 17 I'm also cancer center director for Singing River 18 Health System, and I'm also chief of women's 19 health for Singing River Health System. 20 Q And that's a clinical job, other than 21 the administrative work as program director? 22 A Correct. 23 And Singing River is -- if y'all aren't 24 from around here, it's on the Mississippi Gulf</p>	Page 23	<p>1 A Yeah. So that was the -- so we still 2 have quite a bit of data from that project. And 3 that could -- that's a possibility. But I'm not 4 actively involved in -- 5 Other than our clinical research 6 program at Singing River, I'm really not actively 7 involved in research anymore. 8 Q What did you bring with you today? 9 A I brought my -- a copy -- the same copy 10 you have of my expert report, with those graphics 11 added, and then my fee schedule, which I'll share 12 with you. 13 Q Okay. Let's go ahead and mark the fee 14 schedule. 15 (PLAINTIFF'S EXHIBIT NUMBER 5 16 WAS MARKED FOR IDENTIFICATION.) 17 MS. THOMPSON: 18 Q Did you look at the -- what we call the 19 notice for deposition? 20 A I did. 21 Q And did you look at what we asked you 22 to bring? 23 A I did. 24 Q And other than the objections, which I</p>

<p>1 noted, was there nothing in that request for 2 things to bring that you could find or had? 3 MS. CURRY: 4 Object to the form. 5 Along with the objections, there were 6 two documents that were produced in response to 7 the deposition notice. 8 MS. THOMPSON: 9 The invoice. 10 MS. CURRY: 11 The invoice as well as the submission 12 for the -- 13 MS. THOMPSON: 14 Q The draft of the -- 15 MS. CURRY: 16 -- publication, which was one of your 17 requests as well. 18 MS. THOMPSON: 19 Q Okay. We asked you specifically for 20 reviewer comments on the paper. Did you see 21 that? 22 A I did see that. 23 Q And do you have in your possession 24 reviewer comments from the submission of that</p>	<p>Page 26</p> <p>1 Q So if we wanted to get the reviewer 2 comments, we would have to contact Dr. Wilhite or 3 Dr. Rocconi? 4 A Correct. 5 Q We'll mark that notice with objections 6 as 6.</p> <p>7 (PLAINTIFF'S EXHIBIT NUMBER 6 8 WAS MARKED FOR IDENTIFICATION.)</p> <p>9 MS. THOMPSON: 10 Q Let's turn now again to your expert 11 report. And did you write this report? 12 A I did. 13 Q Every word? 14 A Yes. 15 Q And just from beginning to 16 completion -- 17 A Well, I take it back. The folks who 18 work at the law firms with Dawn and Su-Lyn, they 19 would have -- they helped a lot with getting the 20 references in order and making it, you know -- 21 putting it into the format with the -- the 22 references at the bottom of each page. 23 Q So you had help with the footnotes. 24 A The footnotes, yes.</p>
<p>1 paper? 2 A I don't. The first author handled all 3 that. Typically, the way a publication works is 4 the first author is the corresponding author, and 5 they generally interact with the journal. I was 6 sent revisions -- I was sent that draft to -- to 7 comment and sign off on, but I did not see any 8 comments, no. 9 Q So Dr. Rocconi? 10 A Rocconi. 11 Q Dr. Rocconi did not send you review 12 comments? 13 A He did not. And, actually, I think he 14 had a fellow working on it, so she may have been 15 the one -- 16 Let me just see who the second 17 author -- 18 I think it was -- yeah. A. Wilhite. 19 Q Okay. 20 A It was either him or Wilhite who were 21 handling those details. By that time, I had 22 already moved to Singing River, and, you know, 23 that's just how we worked it. We're very close 24 friends and close colleagues.</p>	<p>Page 27</p> <p>1 Q And did you have help with the reliance 2 list, the materials considered list? 3 A Not really. What do you mean by 4 "help"?</p> <p>5 Q Help formulating and gathering. 6 MS. CURRY: 7 Object to the form. 8 A Well, I -- as I've said earlier, 9 I've -- I've found a number of articles, and when 10 they would find one that was pertinent, they 11 would send it to me for my opinion. So we 12 exchanged articles. I don't know -- 13 If you want to call that help, then 14 yes. 15 Q As far as writing or entering the 16 materials that you used, did you have help with 17 that? 18 A No. 19 Q So you typed up all those articles? 20 A Every single word I typed, yes, ma'am. 21 And, actually, I took screenshots of the tables. 22 I did have help with one table that was crooked, 23 and I couldn't figure out how to straighten it 24 out, and I did ask for help. I think it might</p>

<p style="text-align: right;">Page 30</p> <p>1 have been this one, actually. That was driving 2 me crazy.</p> <p>3 MS. CURRY:</p> <p>4 I believe she was asking about the 5 materials considered list.</p> <p>6 MS. THOMPSON:</p> <p>7 Q Yeah. I think we weren't connecting. 8 That's probably my fault.</p> <p>9 A Sorry.</p> <p>10 Q Let's return to the materials 11 considered, Exhibit B.</p> <p>12 A Exhibit B. Gotcha. Go ahead.</p> <p>13 Q And then we have that as a separate 14 exhibit as well.</p> <p>15 A Sorry.</p> <p>16 MS. CURRY:</p> <p>17 While he's looking at that, I just want 18 to note I believe when you marked Exhibit 6, you 19 had stated that it was the deposition notice with 20 objections. The copy that I believe was marked 21 was not the version with objections.</p> <p>22 MS. THOMPSON:</p> <p>23 It was the original.</p> <p>24 MS. CURRY:</p>	<p style="text-align: right;">Page 32</p> <p>1 No. You need that one. Thank you, 2 though.</p> <p>3 Let's turn in your report to the 4 summary of opinions on page 3. And I appreciate 5 the summary of opinions, because that's helpful. 6 But I'd like to go through these initially and 7 just make sure I understand what you meant to 8 convey with these opinions. Okay?</p> <p>9 A Yes, ma'am.</p> <p>10 Q All right. The first opinion, "the 11 application of talcum powder, regardless of its 12 constituents, to the female perineum, does not 13 cause or contribute to the development of ovarian 14 cancer," is that your opinion to date?</p> <p>15 A Yes.</p> <p>16 Q And you've testified previously -- and 17 I think it's included in this opinion -- that it 18 doesn't matter what the constituents are. It's 19 the talcum powder itself. Correct?</p> <p>20 A Regardless of its constituents, that's 21 correct.</p> <p>22 Q Okay. And what do you mean by 23 "contribute" in that sentence?</p> <p>24 A Well, ovarian cancer is a complex</p>
<p style="text-align: right;">Page 31</p> <p>1 Correct.</p> <p>2 MS. THOMPSON:</p> <p>3 Okay. We can correct that for the 4 record.</p> <p>5 Q So my question is: Did you have -- did 6 you type up every word of that materials 7 considered list?</p> <p>8 A I did not type this at all.</p> <p>9 Q Okay.</p> <p>10 A No.</p> <p>11 Q Okay. I -- we just --</p> <p>12 A I was on a different page. I'm sorry. 13 I thought you were referring to my --</p> <p>14 Q Your report.</p> <p>15 A -- my expert report. Yes.</p> <p>16 Q Yes. We were on a different page on 17 that one. But I understand that you wrote and 18 typed every word of the text of your report; 19 correct?</p> <p>20 A Correct. Yes, ma'am.</p> <p>21 Q Okay. Let's go to --</p> <p>22 I don't have a copy of the expert 23 report. That was the one I left in the room. So 24 will you just grab me --</p>	<p style="text-align: right;">Page 33</p> <p>1 disease. And, really, other than genetic 2 mutations, we don't really know what causes it or 3 contributes to its development. There are 4 multiple theories, such as inflammation. And I 5 guess what I mean there is that talcum powder 6 doesn't contribute to the -- whatever sequence of 7 events occur that causes ovarian cancer to 8 develop.</p> <p>9 Q Would that be the same thing as saying 10 talc --</p> <p>11 And when we say "talc," can we just 12 have an agreement that that means Johnson's 13 talcum powder products?</p> <p>14 A Sure.</p> <p>15 Q And when we say "talc," can we also 16 assume that we're referring to the perineal 17 application by women dusting with the powder?</p> <p>18 A That would make things a lot easier, 19 yes.</p> <p>20 Q Thank you.</p> <p>21 MS. CURRY:</p> <p>22 If there is a circumstance throughout 23 the deposition in which those definitions do not 24 apply, then let's just make that clear as well.</p>

1 THE WITNESS: 2 Of course. 3 MS. THOMPSON: 4 Q If either one of us intends another 5 meaning of that, we'll make sure that we have 6 that clear. 7 A Agree. 8 Q Okay? Thank you. 9 Is your opinion that it doesn't 10 contribute, is that equivalent to saying it's not 11 a risk factor? 12 A Yes. 13 Q Okay. So we could use those 14 interchangeably, in your mind? 15 MS. CURRY: 16 Object to the form. 17 A We could. 18 MS. THOMPSON: 19 Q Okay. And opinion number 2 in your 20 summary of opinions -- they're not numbered, but 21 it's the second one -- I think says something 22 similar to what you've just said, and that's 23 other than germline genetic mutations, other 24 ovarian cancers are sporadic, and there is no	Page 34	1 national organizations for the opinion that 2 talcum powder use is not a risk factor for 3 ovarian cancer. 4 MS. CURRY: 5 Object to the form. 6 MS. THOMPSON: 7 Q Correct? 8 A Well, not primarily. That's one of the 9 sources. I rely on the medical literature, my 10 national organizations, and my 30-plus years of 11 experience as a gynecologic oncologist. 12 Q But, at least in this opinion, you 13 state there are established risk factors that are 14 outlined by major national organizations and 15 societies in the United States that gynecologic 16 oncologists and patients rely on for information 17 about ovarian cancer; correct? 18 A That is correct, yes. 19 Q And, for this opinion, you did not 20 include any other literature; correct? 21 MS. CURRY: 22 Object to the form. 23 A Well, in my summary of opinions, it's 24 based on this entire report. The summary of	Page 36
1 identifiable or known cause. 2 Is that your opinion? 3 MS. CURRY: 4 I believe you said "other ovarian 5 cancers." 6 MS. THOMPSON: 7 I said other ovarian cancers? Okay. 8 Q "Most ovarian cancers are sporadic." 9 A That is correct. And that's not just 10 my opinion. That's the opinion of our national 11 organizations as well. 12 Q Yeah. We're gonna get there. I want 13 to get your opinion first, and then we'll talk 14 about the -- 15 A Yes. 16 Q -- the national organizations. 17 And we can make another stipulation, I 18 think. If we're talking about ovarian cancer, 19 we'll be talking about epithelial ovarian cancer, 20 unless otherwise specified. Fair enough? 21 A Fair enough. 22 Q Okay. So let's -- 23 And, for this opinion, I think you've 24 just said this. You rely primarily on the	Page 35	1 opinions is meant to sort of summarize the 2 70-plus pages of the report. So these -- these 3 points are meant to sort of simplify the report 4 or summarize it in a -- in a single -- roughly, a 5 single page. So -- 6 But they're based on the entire report. 7 Q Why did you consider it important to 8 not only say that you relied on the national 9 organizations for the information but to list 10 each one out? 11 MS. CURRY: 12 Object to the form. 13 A Well, I wanted to list the national 14 organizations that I relied on, that I look to on 15 a regular basis. 16 MS. THOMPSON: 17 Q But you didn't list any literature in 18 this opinion. 19 MS. CURRY: 20 Object to the form. 21 A I listed the literature back here. 22 MS. THOMPSON: 23 Q I didn't ask you that. 24 Did you list any literature in your	Page 37

Page 38	Page 40
<p>1 opinion that talcum powder is not a risk factor 2 for ovarian cancer -- 3 MS. CURRY: 4 Object to the form. 5 MS. THOMPSON: 6 Q -- in the summary of opinions? 7 MS. CURRY: 8 Asked and answered. 9 A The summary of opinions is based on the 10 entire report. It's meant to condense it into a 11 few bullet points -- 12 Q Okay. That wasn't -- 13 A So that the reader -- 14 Q I'm sorry. 15 A I wasn't finished. 16 -- so that the reader of this 70-plus 17 page or 60-plus page of this report can look at 18 the bullet points and glean 60 pages of 19 information in roughly a dozen bullet points. 20 They're -- they're not separable. They are not 21 separable. The summary of opinions is based on 22 the report, which includes the literature. 23 Q I've heard you say that. But that 24 wasn't my question.</p>	<p>1 you wrote every word of your report; right? 2 MS. CURRY: 3 Object to the form. 4 A They're attached. 5 I'm not going -- I'm not going to bend 6 on this. 7 MS. THOMPSON: 8 Q I just want you to answer my question. 9 I don't want you to go anywhere. I just want you 10 to answer my questions. We'll get through a lot 11 faster. 12 Okay. Let's just look and discuss some 13 of those societies and what they looked at. 14 Okay. And you include in this the NIH, 15 NCI, SGO, ACOG, FDA, the National Comprehensive 16 Cancer Network, NCCN, the American Cancer 17 Society, and the CDC; correct? 18 A Correct. 19 Q Did any of these agencies do a 20 comprehensive review of the issue? 21 MS. CURRY: 22 Object to the form. 23 A I'm sure they did when -- before they 24 issued their report.</p>
Page 39	Page 41
<p>1 My question was: Did you include any 2 literature in the summary opinions -- 3 A I did not. 4 Q -- as a risk factor? 5 MS. CURRY: 6 Object to the form. Asked and 7 answered. 8 MS. THOMPSON: 9 Q Did you consider the organizations more 10 important than literature? 11 MS. CURRY: 12 Object to the form. 13 A Everything in the report is important. 14 I'm not gonna weigh the importance of one over 15 the other. 16 MS. THOMPSON: 17 Q Okay. But you did include one over the 18 other in the summary of opinions; correct? 19 MS. CURRY: 20 Object to the form. 21 A No, I didn't. I included all the 22 literature in the summary of opinions, all of it. 23 MS. THOMPSON: 24 Q Okay. You just didn't write it when</p>	<p>1 MS. THOMPSON: 2 Q How are you sure they did? 3 A Well, I -- I personally know folks in 4 some of these agencies. I served on a -- one of 5 the committees on SGO, so I know how the 6 committees function. I was close friends with 7 the president of ACOG from several years ago. I 8 had a partner at the Mitchell Cancer Institute 9 who worked for the CDC and the NIH. So my 10 knowledge is based on discussions with those 11 people and how committees function and how 12 reports are issued. 13 Q Did any of those individuals actually 14 tell you that SGO had done a comprehensive review 15 of the issue? 16 A No. 17 Q And I presume the president of SGO that 18 you knew is Dr. Huh? 19 A I know several former presidents of 20 SGO; Ronnie Alvarez, Warner Huh. 21 Q Did you ask Dr. Huh if SGO had 22 performed a comprehensive review of the issue of 23 can talcum powder cause ovarian cancer? 24 A I had no reason to ask him that.</p>

Page 42	Page 44
<p>1 Q Okay. Because you knew that they did.</p> <p>2 MS. CURRY:</p> <p>3 Object to the form.</p> <p>4 A I know how committees function, and I</p> <p>5 know what goes into a national organization</p> <p>6 issuing a statement.</p> <p>7 MS. THOMPSON:</p> <p>8 Q Okay. Are you familiar with --</p> <p>9 Will you mark this as Exhibit 7?</p> <p>10 (PLAINTIFF'S EXHIBIT NUMBER 7</p> <p>11 WAS MARKED FOR IDENTIFICATION.)</p> <p>12 MS. THOMPSON:</p> <p>13 Q I'll give you a chance to look at that.</p> <p>14 Is this the committee that you served</p> <p>15 on, the clinical practice committee for SGO?</p> <p>16 A That's not the committee I served on,</p> <p>17 no.</p> <p>18 Q Okay. The clinical practice</p> <p>19 committee --</p> <p>20 And I just gave you a statement from</p> <p>21 the SGO website that describes that committee,</p> <p>22 and it states that it works to coordinate and</p> <p>23 peer-review the development of clinical</p> <p>24 statements and recommendations for practice in</p>	<p>1 assistance in all facets of practice management</p> <p>2 to help improve healthcare outcomes for your</p> <p>3 patients."</p> <p>4 Did I read that correctly?</p> <p>5 A Yes.</p> <p>6 Q Did the clinical practice committee</p> <p>7 issue a statement on talcum powder and ovarian</p> <p>8 cancer?</p> <p>9 MS. CURRY:</p> <p>10 Object to the form.</p> <p>11 A I'm not sure which committee issued it.</p> <p>12 MS. THOMPSON:</p> <p>13 Q I --</p> <p>14 Okay. My question was those clinical</p> <p>15 practice committee statements are published on</p> <p>16 the SGO website; correct?</p> <p>17 MS. CURRY:</p> <p>18 Object to the form.</p> <p>19 A Yes.</p> <p>20 MS. THOMPSON:</p> <p>21 Q Was there a clinical practice committee</p> <p>22 statement published on SGO about the issue of</p> <p>23 talcum powder and ovarian cancer?</p> <p>24 MS. CURRY:</p>
Page 43	Page 45
<p>1 the diagnosis, management, and treatment of</p> <p>2 gynecologic cancers.</p> <p>3 Did I read that correctly?</p> <p>4 A You did.</p> <p>5 Q Are you familiar with the clinical</p> <p>6 practice committee?</p> <p>7 A Yes. Not intimately familiar with it,</p> <p>8 but I'm a member of SGO, and I've referred to</p> <p>9 their website. I go to their meetings on</p> <p>10 frequent occasion.</p> <p>11 Q Okay.</p> <p>12 A I have --</p> <p>13 Q If you could try just to answer my</p> <p>14 question.</p> <p>15 A I did.</p> <p>16 Q I know you go to meetings, but my</p> <p>17 question is are you familiar with this committee?</p> <p>18 MS. CURRY:</p> <p>19 Object to the form.</p> <p>20 A Vaguely.</p> <p>21 MS. THOMPSON:</p> <p>22 Q Okay. And it also says "this is to</p> <p>23 stay current with issues that affect the way you</p> <p>24 practice. SGO resources are intended to provide</p>	<p>1 Object to the form. Asked and</p> <p>2 answered.</p> <p>3 A I'm not sure. I don't know.</p> <p>4 MS. THOMPSON:</p> <p>5 Q Okay. If I told you there was not,</p> <p>6 would you have any reason not to believe me?</p> <p>7 A I would have no reason not to believe</p> <p>8 you, no.</p> <p>9 Q And ACOG, for that matter, has a</p> <p>10 similar committee. Are you aware of that?</p> <p>11 MS. CURRY:</p> <p>12 Object to the form.</p> <p>13 A I would have to see what you're</p> <p>14 referring to.</p> <p>15 (PLAINTIFF'S EXHIBIT NUMBER 8</p> <p>16 WAS MARKED FOR IDENTIFICATION.)</p> <p>17 MS. THOMPSON:</p> <p>18 Q This will be Exhibit 8. The name of</p> <p>19 the ACOG committee is the --</p> <p>20 A Committee on Clinical Consensus.</p> <p>21 Q Okay. Thank you. The Committee on</p> <p>22 Clinical Consensus. Are you familiar with that</p> <p>23 committee at ACOG?</p> <p>24 A Not specifically, but I am now.</p>

Page 46	Page 48
1 Q Have you ever served on this committee? 2 A No, ma'am. 3 Q And would you -- 4 If you need a minute to read through 5 that, you may. When you're ready, tell me. 6 A Go ahead. 7 Q And it says that this committee was 8 developed by ACOG, the evidence-based medicine 9 expert work group -- 10 MS. CURRY: 11 Sorry. Where are you reading from? 12 MS. THOMPSON: 13 I'm reading from the first page. 14 Q -- to look at -- 15 Now I'm paraphrasing -- 16 A Expert group. 17 MS. CURRY: 18 Uh-huh. 19 Q -- look at issues that are relevant for 20 its members. The committee consists of a chair 21 and vice chair, approximately 20 members in 22 various specialties. It says that they look, 23 consult other experts, if needed, and these -- 24 this committee also issues opinion statements and	1 clinical committee at ACOG that looks at 2 important issues that are relevant to their 3 members, issue and publish a statement on the 4 issue of talcum powder use and ovarian cancer? 5 MS. CURRY: 6 Object to the form. 7 A That's what I was getting to. 8 MS. THOMPSON: 9 Q I didn't ask anything at all about 10 using it on the pannus after a surgical 11 procedure, did I? 12 A Well, I don't know -- I don't know 13 which -- my point is I don't know which committee 14 of ACOG issued that document. That's the only 15 document I've seen recommending talc from ACOG. 16 Q And that's for a very limited purpose. 17 Does that have anything to do with the use of 18 talcum powder on the perineum and ovarian cancer? 19 MS. CURRY: 20 Object to the form. 21 A I would argue it does, because they 22 wouldn't recommend it if they thought it caused 23 cancer. 24 MS. THOMPSON:
Page 47	Page 49
1 clinical guidelines for ACOG members. Are you 2 aware of that? 3 MS. CURRY: 4 Object to the form. 5 A I am now. 6 MS. THOMPSON: 7 Q Did the Clinical Consensus Committee at 8 ACOG look at the issue of talcum powder and 9 ovarian cancer? 10 MS. CURRY: 11 Object to the form. Calls for 12 speculation. 13 A Well, it says here -- it says here that 14 topics selected for development as a clinical 15 consensus document are those that are deemed 16 clinically important to the practice of 17 obstetrics and gynecology. I don't recall -- 18 The only -- the only document I recall 19 ACOG issuing is that talcum powder is recommended 20 in obese patients who have had surgery to apply 21 to the lower abdomen. So -- 22 MS. THOMPSON: 23 Q Dr. Finan, was that my question? My 24 question was: Did the Clinical Consensus, the	1 Q For a several-time use after a surgical 2 procedure on the abdomen? 3 A Yes. 4 Q Do you think they would recommend using 5 it even for that purpose if it was known to 6 contain asbestos? 7 MS. CURRY: 8 Object to the form. 9 A They recommend it. I don't know how 10 else to say it. They recommend it. 11 MS. THOMPSON: 12 Q Did they recommend perineal use of 13 talcum powder on the perineum? 14 A No. 15 Q Okay. Did they ever, in any document, 16 say talc is safe? 17 MS. CURRY: 18 Object to the form. 19 A I don't recall seeing that. No. 20 MS. THOMPSON: 21 Q That is your opinion; correct? 22 A Talcum powder is safe when applied to 23 the perineum, yes. 24 Q And I think you actually gave the

13 (Pages 46 - 49)

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<p>1 opinion that talcum powder shouldn't be applied 2 to an open wound; right?</p> <p>3 MS. CURRY:</p> <p>4 Object to the form.</p> <p>5 A I can't imagine why you would apply 6 talcum powder to an open wound, although the CDC 7 recommends it after treatment for genital warts. 8 They do recommend applying it as a soothing 9 measure when genital warts are treated with TCA.</p> <p>10 MS. THOMPSON:</p> <p>11 Q Do they recommend using it or they say 12 it's something that you can use for comfort?</p> <p>13 A I don't recall the wording.</p> <p>14 Q Did they say anything about talc is 15 safe to use on the vulva for lifetime?</p> <p>16 A No.</p> <p>17 Q And I think you gave the opinion 18 previously that the issue has been settled. Is 19 that still your opinion --</p> <p>20 MS. CURRY:</p> <p>21 Object to the form.</p> <p>22 MS. THOMPSON:</p> <p>23 Q -- on whether talcum powder can cause 24 ovarian cancer?</p>	<p>1 causing ovarian cancer. Is that still your 2 opinion?</p> <p>3 A That is correct.</p> <p>4 Q And that's, I assume, why you don't 5 recommend that anyone discontinue its use?</p> <p>6 A Right.</p> <p>7 MS. CURRY:</p> <p>8 Object to the form.</p> <p>9 MS. THOMPSON:</p> <p>10 Q Is the use of genital talcum powder a 11 safe practice for women?</p> <p>12 A Yes.</p> <p>13 Q One of the documents that you've used 14 from ACOG is the "Talc and Ovarian Cancer." Are 15 you familiar with that, written by Hal Lawrence?</p> <p>16 A Yes.</p> <p>17 (PLAINTIFF'S EXHIBIT NUMBER 9 18 WAS MARKED FOR IDENTIFICATION.)</p> <p>19 MS. THOMPSON:</p> <p>20 Q All right. Are you familiar with 21 this --</p> <p>22 I just have two copies, and I'll give 23 this to you.</p> <p>24 MS. CURRY:</p>
Page 51	Page 53
<p>1 A In my opinion, the issue has been 2 settled, yes.</p> <p>3 Q And the question has been answered.</p> <p>4 A Yes.</p> <p>5 Q And that question being whether talcum 6 powder can cause or contribute to ovarian cancer.</p> <p>7 A Correct.</p> <p>8 Q You recently bought baby powder on 9 Amazon for personal use; correct?</p> <p>10 A Correct.</p> <p>11 Q And you testified that female family 12 members also use Johnson's Baby Powder.</p> <p>13 A Correct.</p> <p>14 Q And you have never advised them to 15 discontinue that practice?</p> <p>16 A No.</p> <p>17 Q And you also testified that you would 18 not advise a patient to avoid the genital 19 application of Johnson's Baby Powder; correct?</p> <p>20 A Correct.</p> <p>21 Q And that's still the case?</p> <p>22 A Yes.</p> <p>23 Q And you've testified that the data is 24 overwhelming that talcum powder use is not</p>	<p>1 That's okay. I'm familiar with the 2 document.</p> <p>3 MS. THOMPSON:</p> <p>4 Q And you're familiar with this; correct?</p> <p>5 A I am.</p> <p>6 Q When did you last look at --</p> <p>7 And this document was -- or this web 8 statement was submitted, it appears, September 9 11th, 2017; correct?</p> <p>10 A It says 2018 on the --</p> <p>11 Oh, that must be the date it was --</p> <p>12 The only date I see here is 8-27-2018.</p> <p>13 Q Okay. And it's -- underneath, it 14 appears to be a heading, "Talc Use and Ovarian 15 Cancer," September 11th, 2017.</p> <p>16 A Oh, yes, you're right.</p> <p>17 Q Okay. And this was a statement issued, 18 it appears, to the press, because it released the 19 following statement. And this was by Hal 20 Lawrence. Who is Hal Lawrence?</p> <p>21 MS. CURRY:</p> <p>22 Object to the form about the --</p> <p>23 A I believe he was the president --</p> <p>24 MS. CURRY:</p>

<p>1 Sorry. 2 -- about it being submitted for 3 purposes of the press. 4 MS. THOMPSON: 5 Well, it says "released the following 6 statement." So we can interpret however we want 7 to. 8 Oh. It says it's a news release on the 9 other side. 10 Q But -- but whatever. That would be 11 speculation. I won't ask you what the purpose of 12 it was. 13 Is this -- is this released statement 14 still up on the ACOG website, to your knowledge? 15 A The last -- the statement that I 16 reference in my expert report states it was last 17 updated May of 2022. 18 Q My question is -- 19 A So -- 20 Q -- is it still up on the -- 21 Can I go to the ACOG site now and still 22 see the statement? 23 A I presume so. 24 Q When did you last look at it on the</p>	Page 54	<p>1 So in regard to the opinions that are 2 summarized as talc is safe, the first opinion, do 3 you have a hundred percent confidence in that 4 opinion? 5 A I do. 6 Q All right. Opinion -- the next few 7 opinions actually deal with the mechanism or the 8 biologic plausibility. Would you agree? 9 A Yes. 10 Q Opinion 3 is -- 11 Oh, that's -- oh. 12 "The female reproductive system is not 13 an open system and has several anatomic and 14 physiologic barriers to protect it from exposure 15 to foreign elements." 16 Is that still your opinion? 17 A Yes. But that's bullet point number 4. 18 Q Okay. 19 A Just for the record. 20 Q I thought about that as soon as I said 21 that. So bullet point -- 22 A Four. 23 Q -- 4. And that continues to be your 24 opinion?</p>	Page 56
<p>1 ACOG website? 2 A Within the last six months or so. 3 Q And when you looked at it last time, or 4 any time, did you go to the four links listed 5 under "Read ACOG's Guidance on Screening for 6 Ovarian Cancer in Average-Risk Women"? And then 7 there are four links; correct? 8 A There are four links, yes. 9 Q Did you look at those four links when 10 you pulled up this -- 11 A I did. 12 Q -- statement on ACOG? 13 Do you remember anything about them? 14 A Well, the American Cancer Society and 15 the Ovarian Cancer Research Fund Alliance I 16 recall. But, to be honest with you, my memory is 17 such that if we're gonna discuss a document, I'm 18 gonna have to see it. 19 Q Okay. 20 A So to ask me -- 21 Q No. I was just asking if you look at 22 these websites -- 23 A I did. 24 Q You did. That was my only question.</p>	Page 55	<p>1 A Yes. 2 Q Do any of the organizations and 3 agencies that you listed in opinion number 2, 4 opinion -- yeah, number 1 and 2 -- 5 No. Scratch that. We're gonna start 6 all over on that one. 7 Do any of the organizations state, to 8 your knowledge, that the female reproductive 9 system is not an open system? 10 MS. CURRY: 11 Object to the form. 12 Are you referring to bullet 3, the 13 organizations in bullet 3? 14 MS. THOMPSON: 15 Q I'm saying do NIH, SGO, ACOG, FDA, 16 NCCN, American Cancer Society, or the CDC say 17 anything about the female reproductive system is 18 not an open system? 19 MS. CURRY: 20 Object to the form. 21 MS. THOMPSON: 22 Q To your knowledge. 23 A I do believe there's a statement or a 24 letter from the FDA that claims that -- that the</p>	Page 57

<p>Page 58</p> <p>1 female reproductive system is an open system. 2 Q But you're saying it's not an open 3 system. So you disagree with FDA from 2014. 4 A Correct. 5 Q In fact, they say it's indisputable; 6 correct? 7 MS. CURRY: 8 Object to the form. 9 A They do. 10 MS. THOMPSON: 11 Q Can -- 12 A And I disagree with that. 13 Q Your statement that it's not an open 14 system, is that the same thing as saying it's a 15 closed system? 16 A No. 17 Q How are those different? 18 A Well, there are multiple barriers to 19 allowing foreign bodies in, and that's to -- the 20 purpose of that, I'm sure, is to protect the 21 integrity of the reproductive system. 22 So if the system were an open system 23 and allowed any particle in, the tubes would 24 likely quickly become obstructed from</p>	<p>Page 60</p> <p>1 would state that the female reproductive system 2 is not an open system? 3 A Yes. Pages 46, 47, 48, and 49. Yes. 4 Q Tell me again the -- 5 A Forty-six through 49. And, again, 6 these bullet points are meant to -- to summarize 7 my expert report. So you can't take the bullet 8 points out of context. 9 Q I -- I understand that. But whether 10 the -- 11 Okay. Let's just go through each one. 12 Tell me which article you're referring to that 13 would claim that the female reproductive system 14 is not an open system. 15 A Well, the fact that they had to, in -- 16 in these references that I cite, they had to use 17 artificial conditions and measures, including 18 oxytocin to stimulate uterine contractions, 19 placing the woman in Trendelenburg position, 20 placing the particulate matter in the vaginal 21 fornix. At one point they had monkeys strapped 22 to a cross. 23 Q That wasn't my question. Listen to my 24 question, please.</p>
<p>Page 59</p> <p>1 inflammation. It's -- it's got selective access. 2 There's a thick mucous plug in the 3 cervix that allows sperm to swim through. So you 4 can't say it's -- you can't say it's completely 5 closed, because it allows sperm. 6 Q And that's the only substance that 7 you're aware of that it allows through? 8 A Well, sperm can carry gonorrhea and 9 other organisms that have evolved over millions 10 of years to be carried through, such as 11 chlamydia. But outside of those, which are 12 disease processes, I would argue it's a -- it's 13 a -- primarily a closed system, outside of those 14 exceptions, yes. 15 Q Can you point me to anything on your 16 materials considered list that would state that 17 the female reproductive system is not an open 18 system? 19 A Yes. Let me get to that. 20 Migration is on page -- starts on page 21 46. 22 Q We're not talking about migration now. 23 We're talking about is there anything on your 24 reliance list, on your materials considered, that</p>	<p>Page 61</p> <p>1 A Well, I'm trying to answer it. 2 Q I asked a very specific question. 3 Can you point to an article that states 4 the female reproductive system is not an open 5 system? 6 A Oh, that -- 7 Q In fact, the authors of all those 8 papers claim it is. And we can go look at all of 9 them if you want to. 10 A Right. You -- you -- 11 I cannot cite an article that states 12 that, no. But the evidence in the literature is 13 clear that you have to use artificial conditions 14 to -- to get things to move up into the uterus, 15 which is my point. 16 Q Do women ever get into a Trendelenburg 17 position -- 18 MS. CURRY: 19 Object to the form. 20 MS. THOMPSON: 21 Q -- in normal activities? 22 A No. 23 Q Do they ever do yoga? 24 A Not while they're applying talcum</p>

1 powder, hopefully. 2 Q With talcum powder on their perineum? 3 MS. CURRY: 4 Object to the form. 5 A Well, maybe so. 6 MS. THOMPSON: 7 Q Thank you. 8 Do they -- 9 Is oxytocin produced in normal female 10 physiology on a regular basis? 11 A Yes. 12 MS. CURRY: 13 Object to the form. 14 MS. THOMPSON: 15 Q Thank you. 16 And we are not monkeys, are we? 17 A No. 18 Q And women have intercourse. 19 A They do. 20 Q With talcum powder on their perineum? 21 MS. CURRY: 22 Object to the form. 23 A They do. 24 MS. THOMPSON:	Page 62 1 MS. THOMPSON: 2 Q Because I found just the opposite when 3 I looked. 4 A Well, that's based on my 30-plus years 5 as a practicing gynecologic oncologist and the 6 literature that I cited that -- that clearly 7 shows that they had to use artificial conditions 8 to basically inject the talcum powder to get it 9 past the cervix. 10 Q And that wasn't my question. I am 11 looking for a source. 12 And I have 30-plus years of gynecologic 13 experience as well. 14 I am looking for a source of any kind 15 that would make the statement the female 16 reproductive system is not an open system. 17 A I don't have a source -- 18 MS. CURRY: 19 Object to the form. 20 A -- for that. 21 MS. THOMPSON: 22 Q Let's go to opinion number 4. And I 23 think this is what you were trying to answer 24 before when I was asking about the female
Page 63 1 Q You assume; right? 2 A Yes. 3 Q And women use tampons with talcum 4 powder on their perineum, you would assume; 5 correct? 6 MS. CURRY: 7 Object to the form. 8 A Correct. But that doesn't push the 9 talcum powder into the tube and the ovary. 10 MS. THOMPSON: 11 Q Did I ask you that question? But I'm 12 glad to have it. So it doesn't push talcum 13 powder into the tubes and ovary. Okay. 14 But my question is -- 15 And we've at least gotten that there 16 are no articles on your materials reliance list 17 that says the female reproductive system is not 18 an open system. 19 Can you refer me to any literature, any 20 textbook, or any article or any source whatsoever 21 that would give the statement the female 22 reproductive system is not an open system? 23 MS. CURRY: 24 Object to the form.	Page 65 1 reproductive system. 2 "There are no studies that demonstrate 3 that talcum powder applied as a dusting to the 4 female perineum can migrate towards the female 5 genital tract, tubes, and ovaries." 6 So that is your opinion now; right? 7 MS. CURRY: 8 I think you're off by one on all of 9 your opinions. Opinion 5. 10 MS. THOMPSON: 11 Q Opinion 5. 12 A That is correct. That is still my 13 opinion. 14 Q I'll just say "the next opinion" right 15 now. 16 So that would mean that talcum powder 17 particles applied to the genital area cannot 18 reach the tubes or ovaries; correct? 19 A Not without artificial conditions. 20 Q And we've already determined that many 21 of those things you call artificial conditions 22 happen in regular activity of women; correct? 23 MS. CURRY: 24 Object to the form.

1 A On occasion. I would argue that the 2 majority of the United States of America does not 3 do yoga. That's just my opinion, based on my 4 observations of the population in Walmart. 5 MS. THOMPSON: 6 Q Okay. Are we just talking about women 7 that go to Walmart in this litigation? 8 A I would argue that yoga is not 9 ubiquitous in American society. 10 Q Do you consider yoga related to ovarian 11 cancer in any way? 12 A You brought up yoga. 13 Q Well, I won't argue. 14 You actually testified that this would 15 have to be a magical process to occur; correct? 16 A In my opinion, yes. 17 Q And this would refer not only to talcum 18 powder particles but also any asbestos or fibers 19 that are in the talcum powder product; correct? 20 A Correct. 21 Q Can particles or fibers be absorbed 22 through the vagina into blood vessels or 23 lymphatics, in your opinion? 24 A Can particles or fibers be absorbed	Page 66 1 MS. THOMPSON: 2 Thank you for having me clarify that. 3 Q The opinion that talc particles and 4 fibers cannot reach the tubes, ovaries, and 5 peritoneal cavity, is that your opinion? 6 MS. CURRY: 7 Object to the form. 8 A My opinion is that there are no studies 9 that demonstrate that talcum powder applied as a 10 dusting to the female perineum can migrate 11 upwards through the female genital tract and 12 reach the fallopian tubes or ovaries. That's my 13 opinion. 14 MS. THOMPSON: 15 Q Okay. So that's different than they 16 can't do it. You just said there's no evidence. 17 A I'm not sure what you're asking me. 18 Please repeat your question. 19 Q I'm asking do you think that particles 20 from talcum powder applied to the perineum can 21 reach the tubes, ovaries, and peritoneal cavity? 22 A Not in my opinion, no. 23 Q Opinion number 6. 24 Am I on the right numbers now?
Page 67 1 through the vagina into the bloodstream. 2 MS. CURRY: 3 Object to the form. 4 A I don't know. 5 MS. THOMPSON: 6 Q Have you seen any literature that says 7 that could not appear -- could not happen? 8 A I don't recall. 9 Q Have you seen any literature that 10 states that that does happen and explains the 11 findings of particles and fibers in the lymph 12 nodes, pelvic lymph nodes, of women? 13 A I do not recall that, no. 14 Q And are you equally confident in this 15 opinion as you were in the talc is safe opinion? 16 A Absolutely. 17 Q One hundred percent? 18 A Yes. 19 MS. CURRY: 20 I'm sorry. Object to the form. Which 21 opinion? He said he wasn't aware of literature 22 about particles being absorbed into the vagina, 23 so I just want to clarify what opinion you're 24 asking.	Page 69 1 A Yes. 2 Q "Inflammation does not cause ovarian 3 cancer." 4 A That is -- 5 Go ahead. 6 Q Is that your opinion to date? 7 A Yes, that is. 8 Q Could you explain to me what that 9 statement means to you? 10 A Well, outside of genetics, we don't 11 really know what causes ovarian cancer. And the 12 studies -- all of the studies that are done on 13 inflammation use advanced ovarian cancer. So 14 advanced ovarian cancer causes the inflammation 15 as it invades, and inflammation doesn't cause the 16 cancer. 17 Q Is it your testimony that all the 18 research with inflammation and its relationship 19 to ovarian cancer is looking at advanced cancer? 20 A Oh, I'm sorry. I misstated that. 21 Much of it is. Much of it is. 22 Q And you do not -- 23 Is it your opinion that inflammation is 24 not involved in the initiation of ovarian cancer?

1 A That is correct. 2 Q And are you referring in this opinion 3 to any particular type of inflammation; acute 4 inflammation versus chronic inflammation, for 5 example? 6 A Both. In fact, they may be protective. 7 Q And could we also add to this opinion 8 does not cause -- 9 Would you -- is your opinion that it 10 does not contribute either? 11 A Correct. 12 Q You do agree that inflammation can 13 exist at a cellular level that you cannot see 14 with the naked eye or a light microscope; 15 correct? 16 MS. CURRY: 17 Object to the form. 18 A Sure. 19 MS. THOMPSON: 20 Q What is a tumor microenvironment? 21 A It's the cellular and molecular milieu 22 around the tumor. 23 Q Can that include inflammation? 24 A It can.	Page 70 1 that, regarding inflammation and any role with 2 ovarian cancer, that "the plaintiffs have created 3 a magical, invisible process that we cannot see." 4 Do you continue to have that opinion? 5 A I do. 6 Q That the plaintiffs have created the 7 idea that inflammation can cause or contribute to 8 ovarian cancer? 9 MS. CURRY: 10 Object to the form. 11 A I do. 12 MS. THOMPSON: 13 Q And the next three opinions, I believe, 14 have to do with support for your inflammation 15 opinion. Is that correct? 16 A That is correct. 17 Q And I want to go to those when we're 18 looking at your actual report. 19 And then the final opinion relates to 20 the case-specific opinions regarding Brandi Carl; 21 correct? 22 A Correct. 23 Q And we'll get to that later as well. 24 MS. CURRY:
Page 71 1 Q And it's your opinion because 2 inflammation does not cause or contribute to 3 ovarian carcinogenesis, does it play no role 4 other than possibly protective? 5 A And it's reactive. As the cancer 6 grows, it invades other organs and causes an 7 inflammatory response. 8 Q So the inflammatory response is a 9 result of the cancer, is what you're saying? 10 A Correct. 11 Q And, as well as with your other 12 opinions, are you confident about that opinion? 13 A Yes. 14 Q That inflammation does not cause or 15 contribute to ovarian cancer? 16 A I am. 17 Q One hundred percent? 18 A Yes. 19 Q No doubts? 20 A Correct. 21 MS. CURRY: 22 Object to the form. 23 MS. THOMPSON: 24 Q And I also saw testimony that said	Page 72 1 And then I believe we skipped one 2 opinion, the second-to-last opinion. 3 MS. THOMPSON: 4 Oh, I did. And I didn't want to. I 5 think it was a defect with my numbering. 6 Q The next-to-last opinion, "there are no 7 studies that demonstrate that talcum powder 8 applied to benign ovarian cells can transform 9 these benign ovarian cells into malignant ovarian 10 cancer cells," is that your opinion today? 11 A Yes. 12 Q And I think you testified at one point 13 previously that that wouldn't impact your opinion 14 as to talc being safe and not causing cancer one 15 way or the other. 16 MS. CURRY: 17 Object to the form. 18 MS. THOMPSON: 19 Q Is that correct today? 20 A The studies that have been done do not 21 support that argument. Correct. 22 Q Would this be a good time for a break? 23 I'm going to start another topic. 24 MS. CURRY:

<p>1 Yes. 2 (BRIEF RECESS.) 3 MS. THOMPSON: 4 Q Are you ready, Dr. Finan -- 5 A Absolutely. 6 Q -- to continue? 7 A Yes, ma'am. This is fun. 8 Q I want to read some statements and ask 9 you if you agree or disagree with them. Okay? 10 A Okay. 11 Q Inflammation plays a role in the 12 initiation and development of many types of 13 cancer, including epithelial ovarian cancer. 14 MS. CURRY: 15 Objection. 16 Are you reading from an article or -- 17 MS. THOMPSON: 18 I'm reading from my notes. 19 MS. CURRY: 20 Just your own notes. 21 MS. THOMPSON: 22 Uh-huh. 23 MS. CURRY: 24 Sorry. Can you repeat the question?</p>	Page 74	<p>1 Q Agree or disagree? 2 MS. CURRY: 3 Object to the form. 4 A That's a very broad statement. So can 5 you say it again? 6 MS. THOMPSON: 7 Q Chronic, dysregulated, persistent and 8 unresolved inflammation is associated with risk 9 of malignant disease. 10 MS. CURRY: 11 Objection. 12 A In -- in certain malignancies, I'll 13 agree to that, yes. 14 MS. THOMPSON: 15 Q Inflammatory cells have powerful 16 effects on tumor development. 17 MS. CURRY: 18 Object to the form. 19 A Yes. Agree. 20 MS. THOMPSON: 21 And the objections to form are? 22 MS. CURRY: 23 "Powerful," I'm not sure in what 24 context that you're referring to. Just vague and</p>	Page 76
<p>1 A That's a broad statement. 2 MS. CURRY: 3 I didn't catch the question. 4 MS. THOMPSON: 5 Q Inflammation plays a role in the 6 initiation and development of many types of 7 cancer, including epithelial ovarian cancer. 8 MS. CURRY: 9 Objection. 10 A No. 11 MS. THOMPSON: 12 Q You disagree? 13 A I disagree with the statement about 14 epithelial ovarian cancers. 15 Q Okay. 16 A It certainly plays a role in the 17 development of some cancers, like colon, for 18 instance, and pancreas. 19 Q Chronic, dysregulated, persistent, and 20 unresolved inflammation is associated with risk 21 of malignant disease. 22 MS. CURRY: 23 Object to -- 24 MS. THOMPSON:</p>	Page 75	<p>1 ambiguous. 2 MS. THOMPSON: 3 The statement is vague and ambiguous? 4 MS. CURRY: 5 Yep. That's my objection. 6 MS. THOMPSON: 7 Is there a way I can correct that? 8 Because they don't seem vague at all to me. 9 MS. CURRY: 10 I'm not sure where you're pulling it 11 from. 12 MS. THOMPSON: 13 I'm pulling it from my brain. 14 MS. CURRY: 15 Say it again. 16 MS. THOMPSON: 17 That one? 18 MS. CURRY: 19 Yep. 20 MS. THOMPSON: 21 Q Inflammatory cells have powerful 22 effects on tumor development. 23 MS. CURRY: 24 So I don't know what effects, how --</p>	Page 77

Page 78	Page 80
1 what do you mean by powerful? Just -- it's vague 2 to me. If you want to try and clarify it -- 3 MS. THOMPSON: 4 Q And you agree with that one; right, 5 Dr. Finan? 6 A In some cases, yes. 7 Q Okay. Inflammation impacts every 8 single step of tumorigenesis, from initiation 9 through tumor promotion, all the way to 10 metastatic progression. 11 MS. CURRY: 12 Object to the form. 13 A That's a very broad statement. Yes. 14 I'm gonna -- I'm not sure I agree with that. I'd 15 have to see the context, I think. 16 MS. THOMPSON: 17 Q Okay. And "I don't know" or "not sure" 18 is a fine answer, as well as agree and disagree. 19 A rule for inflammation in 20 tumorigenesis is now generally accepted, and it 21 has become evident that an inflammatory 22 microenvironment is an essential component of all 23 tumors, including some with a direct causal 24 relationship, with inflammation not yet proven.	1 accelerated inevitably by inflammation caused 2 from foreign bodies and that reactive oxygen 3 species derived from inflammatory cells are one 4 of the most important genotoxic mediators to 5 accelerate the process. 6 MS. CURRY: 7 Objection. Vague and ambiguous. 8 A No. Not agree. 9 MS. THOMPSON: 10 Q Disagree. 11 What are genotoxic mediators? 12 A I would have to defer to a cell 13 biologist on that question. 14 Q Can you see genotoxic mediators? 15 MS. CURRY: 16 Object to the form. 17 A I presume not. 18 MS. THOMPSON: 19 Q At sites of inflammation, epithelial 20 cells are exposed to increased levels of 21 inflammatory mediators, such as reactive oxygen 22 species, cytokines, prostaglandins, and growth 23 factors that contribute to increase cell division 24 and genetic and epigenetic changes.
Page 79	Page 81
1 MS. CURRY: 2 Object to the form. 3 A Of all tumors, did you say? Did you 4 say "all tumors"? 5 MS. THOMPSON: 6 Q Of all tumors. 7 A I'm gonna disagree with that. 8 Q Tumor development and progression are 9 accelerated inevitably by inflammation caused 10 from foreign bodies and that reactive oxygen 11 species derived from inflammatory cells are one 12 of the most important genotoxic mediators to 13 accelerate the process. 14 MS. CURRY: 15 Object to the form. 16 A These sounds an awful lot like they're 17 from the literature, picked directly from 18 articles. 19 MS. THOMPSON: 20 Q I'm just asking you if you agree or 21 disagree with the statement. 22 A Okay. Let's -- let me hear it again, 23 please. 24 Q Tumor development and progression are	1 MS. CURRY: 2 Object to the form. 3 A These are very complex statements. I'm 4 gonna have to ask you to read that again. I'm 5 trying my best to hang in there with you. 6 MS. THOMPSON: 7 Q That's fair. I'm happy to read it 8 again. 9 At sites of inflammation, epithelial 10 cells are exposed to increased levels of 11 inflammatory mediators, such as reactive oxygen 12 species, cytokines, prostaglandins, and growth 13 factors that contribute to increase cell division 14 and genetic and epigenetic changes. 15 MS. CURRY: 16 Object to the form. 17 A Not sure. 18 MS. THOMPSON: 19 Q Exposure-induced changes promote 20 excessive cell proliferation, increased survival, 21 malignant transformation, and cancer development. 22 MS. CURRY: 23 Object to the form. 24 A Exposure to changes? Can you read that

<p>1 again, please?</p> <p>2 MS. THOMPSON:</p> <p>3 Q Exposure to inflammatory changes</p> <p>4 promote excessive cell proliferation, increased</p> <p>5 survival, malignant transformation, and cancer</p> <p>6 development.</p> <p>7 MS. CURRY:</p> <p>8 Same objection.</p> <p>9 A Yeah. I'm gonna have to defer to a</p> <p>10 cellular biologist on that one, too.</p> <p>11 MS. THOMPSON:</p> <p>12 Q One mechanism of cancer initiation is</p> <p>13 genomic instability due to DNA damage.</p> <p>14 MS. CURRY:</p> <p>15 Object to the form.</p> <p>16 A Repeat it again, please.</p> <p>17 MS. THOMPSON:</p> <p>18 Q One mechanism of cancer initiation is</p> <p>19 genomic instability due to DNA damage.</p> <p>20 MS. CURRY:</p> <p>21 Object to the form.</p> <p>22 A Yes, I'll agree to that, in some cases.</p> <p>23 MS. THOMPSON:</p> <p>24 Q Epithelial ovarian cancer's genomic</p>	<p style="text-align: right;">Page 82</p> <p>1 A Right.</p> <p>2 Q Okay. Can you see genomic instability?</p> <p>3 A No.</p> <p>4 Q Can you see biomarkers?</p> <p>5 MS. CURRY:</p> <p>6 Object to the form.</p> <p>7 A No.</p> <p>8 MS. THOMPSON:</p> <p>9 Q Are the biomarkers that -- in your</p> <p>10 paper that you identify, the five biomarkers, are</p> <p>11 they inflammatory biomarkers?</p> <p>12 MS. CURRY:</p> <p>13 Object to the form.</p> <p>14 Which paper are you referring to?</p> <p>15 MS. THOMPSON:</p> <p>16 His 2022 paper that's titled, I think,</p> <p>17 "Biomarkers" or something to that effect.</p> <p>18 MS. CURRY:</p> <p>19 The one from his CV? Nothing in his</p> <p>20 expert report?</p> <p>21 MS. THOMPSON:</p> <p>22 No.</p> <p>23 MS. CURRY:</p> <p>24 Okay.</p>
<p>1 instability is due to DNA damage.</p> <p>2 MS. CURRY:</p> <p>3 Object to the form.</p> <p>4 A I will agree to that, yes.</p> <p>5 MS. THOMPSON:</p> <p>6 Q Epithelial ovarian cancers exhibit a</p> <p>7 high number of chromosomal aberrations and</p> <p>8 genomic instability.</p> <p>9 MS. CURRY:</p> <p>10 Object to the form.</p> <p>11 A They do.</p> <p>12 MS. THOMPSON:</p> <p>13 Q Can you see chromosomal aberrations?</p> <p>14 A With the right equipment, yes. With</p> <p>15 the right equipment, yes.</p> <p>16 Q You said --</p> <p>17 A Not with the naked eye, though.</p> <p>18 Q And not on histology?</p> <p>19 A No.</p> <p>20 Q So when you refer in your report and</p> <p>21 testimony that you don't see inflammation, what</p> <p>22 are you referring to? Naked eye?</p> <p>23 A Both naked eye and on H&E stains.</p> <p>24 Q So routine histology.</p>	<p style="text-align: right;">Page 83</p> <p>1 MS. THOMPSON:</p> <p>2 His paper that he authored.</p> <p>3 A The question was --</p> <p>4 MS. THOMPSON:</p> <p>5 Q The biomarkers that you studied with</p> <p>6 Dr. Rocconi --</p> <p>7 A Rocconi.</p> <p>8 Q -- were those inflammatory markers?</p> <p>9 A I would have to go back and look at</p> <p>10 them, to be honest with you.</p> <p>11 Q So you're not sure about that one</p> <p>12 today.</p> <p>13 A Not sure.</p> <p>14 Q But you did claim in that paper that</p> <p>15 those biomarkers were relevant even in early</p> <p>16 cancer, not advanced ovarian cancer; correct?</p> <p>17 A Correct.</p> <p>18 Q Okay. Another statement.</p> <p>19 And you don't see the proteases.</p> <p>20 A I'm sorry?</p> <p>21 Q You can't see proteases.</p> <p>22 A Correct.</p> <p>23 Q Subclinical, often undetectable,</p> <p>24 inflammation is important in increasing cancer</p>

<p>1 risk.</p> <p>2 MS. CURRY:</p> <p>3 Object to the form.</p> <p>4 A I'm sorry. Say it again, please.</p> <p>5 MS. THOMPSON:</p> <p>6 Q Subclinical, often undetectable,</p> <p>7 inflammation is important in increasing cancer</p> <p>8 risk.</p> <p>9 MS. CURRY:</p> <p>10 Same objection.</p> <p>11 A I'm not gonna agree to that, no.</p> <p>12 MS. THOMPSON:</p> <p>13 Q Considerable evidence has demonstrated</p> <p>14 that reactive oxygen species are involved in the</p> <p>15 link between chronic inflammation and cancer.</p> <p>16 MS. CURRY:</p> <p>17 Object to the form.</p> <p>18 A Yes.</p> <p>19 MS. THOMPSON:</p> <p>20 Q Can you see reactive oxygen species?</p> <p>21 A No.</p> <p>22 Q Cancer is a multistage process defined</p> <p>23 by at least three stages: Initiation, promotion</p> <p>24 and progression.</p>	<p>Page 86</p> <p>1 apoptosis.</p> <p>2 MS. CURRY:</p> <p>3 Object to the form.</p> <p>4 A I'm gonna refer to a cell biologist.</p> <p>5 MS. THOMPSON:</p> <p>6 Q Do you need to refer to a cell</p> <p>7 biologist on your opinion that inflammation</p> <p>8 doesn't contribute or cause to ovarian cancer?</p> <p>9 A No.</p> <p>10 Q Okay.</p> <p>11 A range of inflammatory mediators,</p> <p>12 including cytokines, chemokines, free radicals,</p> <p>13 prostaglandins, growth and transcription factors,</p> <p>14 micro RNAs and enzymes, as cyclooxygenase and</p> <p>15 matrix metalloproteinase, collectively act to</p> <p>16 create a favorable microenvironment for the</p> <p>17 development of tumors.</p> <p>18 MS. CURRY:</p> <p>19 Object to the form.</p> <p>20 A So you said these questions just popped</p> <p>21 into your head; that they're not lifted from</p> <p>22 journal articles?</p> <p>23 MS. THOMPSON:</p> <p>24 Q I ask the questions.</p>
<p>1 Agree or disagree?</p> <p>2 A That's one theory, yes.</p> <p>3 Q Are theories plausible, in your mind?</p> <p>4 MS. CURRY:</p> <p>5 Object to the form.</p> <p>6 A That's a pretty broad question.</p> <p>7 MS. THOMPSON:</p> <p>8 Q You can't answer that question?</p> <p>9 A Are theories plausible. Sometimes they</p> <p>10 are. Sometimes they're not.</p> <p>11 Q Okay. We'll talk about that a little</p> <p>12 more, what you mean by plausible.</p> <p>13 Oxidative stress interacts with all</p> <p>14 three stages of this process, DNA damage by</p> <p>15 introducing gene mutations and structural</p> <p>16 alterations of DNA for initiation.</p> <p>17 MS. CURRY:</p> <p>18 Object to the form.</p> <p>19 A I would have to defer to a cell</p> <p>20 biologist on that one.</p> <p>21 MS. THOMPSON:</p> <p>22 Q Promotion, abnormal gene expression,</p> <p>23 and interference with communication resulting in</p> <p>24 increase in self-proliferation and decrease in</p>	<p>Page 87</p> <p>1 A Repeat it, please.</p> <p>2 Q A range of inflammation mediators,</p> <p>3 including cytokines, chemokines, free radicals,</p> <p>4 prostaglandins, growth and transcription factors,</p> <p>5 micro RNAs and enzymes, cyclooxygenase and matrix</p> <p>6 metalloproteinase collectively act to create a</p> <p>7 favorable microenvironment for the development of</p> <p>8 tumors.</p> <p>9 MS. CURRY:</p> <p>10 Same objection.</p> <p>11 A I'm gonna defer that favorable</p> <p>12 microenvironment to a cell biologist.</p> <p>13 MS. THOMPSON:</p> <p>14 Q You already answered, though, what is a</p> <p>15 tumor microenvironment, though; correct?</p> <p>16 A Yes.</p> <p>17 Q Can you see prostaglandins?</p> <p>18 A No.</p> <p>19 Q Can you see mRNA?</p> <p>20 A With the right equipment, yes.</p> <p>21 Q But with H&E stain?</p> <p>22 A No.</p> <p>23 Q Can you see free radicals?</p> <p>24 A No.</p>

23 (Pages 86 - 89)

Page 90 1 Q New statement: Rapidly dividing tumor 2 cells in an inflammatory environment acquire 3 mutations. 4 MS. CURRY: 5 Object to the form. 6 A Say again, please. 7 MS. THOMPSON: 8 Q Rapidly dividing tumor cells in an 9 inflammatory environment acquire mutations. 10 A That's a pretty broad statement. I'm 11 not sure about that. 12 Q Can you see cell division on -- with 13 the naked eye or routine histology? 14 A You can see mitotic figures, certainly. 15 Q Inflammation entails cell damage, 16 oxidative stress, and elevations of cytokines and 17 prostaglandins, all of which may be mutagenic. 18 MS. CURRY: 19 Object to the form. 20 A May be mutagenic? I'll agree with "may 21 be," sure. 22 MS. THOMPSON: 23 Q Inflammation entails cell damage, 24 oxidative stress, and elevation of cytokines and	Page 92 1 context? 2 A Cause. 3 Q Inflammation is known to be a causal 4 factor in promoting tubal tumorigenesis. 5 A Disagree. 6 Q If serous ovarian cancer stems from the 7 tubal fimbriae, ovarian cancer is, by nature, 8 inflammatory. 9 MS. CURRY: 10 Object to the form. 11 A Disagree. 12 MS. THOMPSON: 13 Q Inflammation is a hallmark of cancer. 14 MS. CURRY: 15 Object to the form. 16 A It's a hallmark of advanced cancer, for 17 sure. 18 MS. THOMPSON: 19 Q But not the initiation? 20 A Not of ovarian cancer. Certainly not. 21 Q Other cancers? 22 A Pancreas and colon come to mind. 23 Q Smoldering, nonresolving inflammation 24 is one of the consistent features of the tumor
Page 91 1 prostaglandins that cause gene mutations. 2 MS. CURRY: 3 Object to the form. 4 A I'm sorry. I'm gonna have to ask you 5 to repeat that question. 6 MS. THOMPSON: 7 Q Inflammation entails cell damage, 8 oxidative stress, and elevations of cytokines and 9 prostaglandins that cause mutations. 10 MS. CURRY: 11 Same objection. 12 A Not sure. 13 MS. THOMPSON: 14 Q The tumor milieu in which epithelial 15 ovarian cancer develops has been described as one 16 enriched with broad spectrum of pro-inflammatory 17 cytokines and chemokines. Increasing evidence 18 suggests that inflammation contributes 19 significantly to the etiology of EOC. 20 MS. CURRY: 21 Object to the form. 22 A Yeah. I disagree with that. 23 MS. THOMPSON: 24 Q What does etiology mean in that	Page 93 1 microenvironment. Macrophages are a common and 2 fundamental component of cancer-promoting 3 inflammation. 4 MS. CURRY: 5 Object to the form. 6 A Say again, please. 7 MS. THOMPSON: 8 Q Smoldering, nonresolving inflammation 9 is one of the consistent features of the tumor 10 microenvironment. Macrophages are a common and 11 fundamental component of cancer-promoting 12 inflammation. 13 MS. CURRY: 14 Same objection. 15 A I would say in select cases. Not 16 ovarian cancer but in some cancers, yes. 17 MS. THOMPSON: 18 Q An additional mechanism involved in 19 cancer-related inflammation is induction of 20 genetic instability by inflammatory mediators 21 leading to accumulation of random genetic 22 alterations in cancer cells. 23 MS. CURRY: 24 Object to the form.

24 (Pages 90 - 93)

<p style="text-align: right;">Page 94</p> <p>1 A I'm having trouble with that one. Read 2 it again, please.</p> <p>3 MS. THOMPSON:</p> <p>4 Q An additional mechanism involved in 5 cancer-related inflammation is induction of 6 genetic instability by inflammatory mediators, 7 leading to accumulation of random genetic 8 alterations in cancer cells.</p> <p>9 MS. CURRY:</p> <p>10 Same objection.</p> <p>11 A I'm not sure.</p> <p>12 MS. THOMPSON:</p> <p>13 Q Have you designed or performed any cell 14 studies to test your opinions in this case?</p> <p>15 A No.</p> <p>16 Q Has Johnson & Johnson, to your 17 knowledge, designed or performed any cell studies 18 looking at the biological effects of talc in cell 19 culture?</p> <p>20 MS. CURRY:</p> <p>21 Object to the form. Calls for 22 speculation.</p> <p>23 A I have no idea.</p> <p>24 MS. THOMPSON:</p>	<p style="text-align: right;">Page 96</p> <p>1 A I do not know. Not that I know of.</p> <p>2 Q Can you point me to anything in the 3 peer-reviewed literature that would indicate that 4 talc has no biological effect when applied to 5 cell culture?</p> <p>6 MS. CURRY:</p> <p>7 Object to form.</p> <p>8 A No.</p> <p>9 MS. THOMPSON:</p> <p>10 Q So you're not aware of any studies that 11 would use talc as a control, for example?</p> <p>12 MS. CURRY:</p> <p>13 Object to the form.</p> <p>14 A I'm not aware.</p> <p>15 MS. THOMPSON:</p> <p>16 Q You are aware of multiple studies that 17 do show effects when talc -- when cells in 18 culture are exposed to talc; correct?</p> <p>19 MS. CURRY:</p> <p>20 Object to the form.</p> <p>21 A Yes. But they don't -- they have not 22 shown that those cells convert to malignant 23 cells.</p> <p>24 MS. THOMPSON:</p>
<p style="text-align: right;">Page 95</p> <p>1 Q Did you ask?</p> <p>2 A No.</p> <p>3 Q Would that have been relevant?</p> <p>4 A No. My opinions are based on the 5 published medical literature.</p> <p>6 Q So if Johnson & Johnson had performed 7 their own cell studies that showed biological 8 effects when talc is applied to cell culture, 9 that would not change your opinions?</p> <p>10 MS. CURRY:</p> <p>11 Object to the form.</p> <p>12 A Not unless it's published in the 13 peer-reviewed literature, no.</p> <p>14 MS. THOMPSON:</p> <p>15 Q Do you think Johnson & Johnson would 16 publish that in the peer-reviewed literature if 17 they had that information?</p> <p>18 MS. CURRY:</p> <p>19 Object to the form.</p> <p>20 A I have no idea.</p> <p>21 MS. THOMPSON:</p> <p>22 Q But they did not publish anything about 23 the effects of talcum powder in cell culture; 24 correct?</p>	<p style="text-align: right;">Page 97</p> <p>1 Q My question, have you -- you know there 2 are multiple studies that show biologic effects 3 when cell cultures are exposed to talcum powder; 4 correct?</p> <p>5 A Of course.</p> <p>6 MS. CURRY:</p> <p>7 Object to the form. Vague and 8 ambiguous.</p> <p>9 A And I cited some of those in my expert 10 summary.</p> <p>11 MS. THOMPSON:</p> <p>12 Q Yes, you did.</p> <p>13 A Or expert report.</p> <p>14 Q But it's still your opinion that 15 inflammation, reactive oxygen species, genetic 16 instability, those types of inflammation that you 17 can't see, are not related to epithelial ovarian 18 cancer.</p> <p>19 MS. CURRY:</p> <p>20 Object to the form.</p> <p>21 A Well, they lead --</p> <p>22 I'm sorry.</p> <p>23 MS. CURRY:</p> <p>24 Go ahead.</p>

1 A They lead -- those effects lead to 2 chronic inflammation, which you can see. You 3 cannot see the molecular components, but you can 4 see the effects of them, and they show up as 5 chronic inflammation. 6 MS. THOMPSON: 7 Q I think my question was in cell 8 culture. 9 A I'm sorry. Repeat the question. 10 Q I'll try. 11 The inflammation and its resulting 12 effects caused when cell cultures are exposed to 13 talc is not relevant to your opinion that 14 inflammation does not cause or contribute to 15 ovarian cancer; correct? 16 MS. CURRY: 17 Object to the form. 18 A I would say it is relevant. 19 MS. THOMPSON: 20 Q How is it relevant? 21 A Well, let's go through my expert 22 report. I can answer that. 23 Q Let me ask that question another way. 24 A Okay.	Page 98 1 find a STIC lesion. That's what I'm saying. All 2 of that's in my expert report. 3 Q I -- I agree. I'm just trying to talk 4 about cell studies and their significance for 5 you. So let me see if I understand. 6 Your migration opinion is very 7 important; correct? 8 A Yes. 9 Q Because if talcum powder and asbestos 10 and fibers cannot reach the ovaries, then there's 11 no need to talk about whether or not they can 12 create cellular inflammation in the ovaries; 13 correct? 14 A Inflammation does not cause ovarian 15 cancer. I made that very clear. 16 Q Okay. I think I understand you. And 17 you agree that there are many scientists that 18 would disagree with you regarding that opinion? 19 A Yes. Scientists working in a lab with 20 cells. They're not a gynecologic oncologist 21 operating on women with cancer. 22 Q But you have already testified that you 23 can't see all these molecular changes that I've 24 just described; correct?
Page 99 1 Q Does it support your opinion that 2 inflammation isn't involved in ovarian cancer or 3 does it contradict your opinion that inflammation 4 is not involved in ovarian cancer? 5 MS. CURRY: 6 Object to the form. 7 A My opinion is that inflammation does 8 not cause or contribute to the development of 9 ovarian cancer. I'm not sure how much more clear 10 I can be. 11 MS. THOMPSON: 12 Q Okay. So the cell studies that show 13 inflammation when cells in culture are exposed to 14 talc don't impact that opinion one way or the 15 other. Is that what you're saying? 16 MS. CURRY: 17 Object to the form. 18 A I'm saying that talc does not get to 19 the ovaries and it doesn't get to the tubes -- 20 Q Okay. 21 A -- so it cannot cause ovarian cancer. 22 And there's no inflammatory effects of talc when 23 we operate on these people, and there's no 24 inflammatory effects of talc on the tube when you	Page 101 1 A But you can see the effects of those 2 molecular changes. No, I can't see the molecular 3 changes, but I can see chronic inflammation. 4 Yes. But I cannot see the molecular changes, no. 5 But I can see chronic inflammation. 6 Q So how -- 7 A And I can see inflammation on an H&E 8 stain when I see a STIC lesion, and it's not 9 there. 10 Q I agree. There are others that 11 disagree with you as to whether inflammation is 12 involved in STIC lesions. Are you aware of that? 13 A I'd have to see the paper. 14 Q You have not looked at any papers that 15 associate inflammation with STIC lesions? 16 MS. CURRY: 17 Object to the form. 18 A I have. Malmberg, I believe. If you 19 look at page 51 of my report, Malmberg reported 20 in 2016, found no evidence of inflammation or 21 inflammatory markers associated with STIC 22 lesions. 23 MS. THOMPSON: 24 Q Are you aware of any other studies that

<p style="text-align: right;">Page 102</p> <p>1 have found something different than that?</p> <p>2 A I'd have to see the paper. I don't</p> <p>3 recall.</p> <p>4 Q Okay. You are aware that talc does</p> <p>5 cause an inflammatory response in human tissues;</p> <p>6 correct?</p> <p>7 MS. CURRY:</p> <p>8 Object to the form.</p> <p>9 A Is that why it's so soothing and</p> <p>10 millions of women have placed it on their</p> <p>11 perineum and on condoms and on diaphragms,</p> <p>12 because it's so inflammatory?</p> <p>13 MS. THOMPSON:</p> <p>14 Q That's why it's used for pleurodesis,</p> <p>15 is it not?</p> <p>16 A Right. It is.</p> <p>17 Q And --</p> <p>18 A Which is a very different environment</p> <p>19 than the vaginal mucosa.</p> <p>20 Q What is your reference for that</p> <p>21 statement?</p> <p>22 A Well, let's look at pleurodesis. The</p> <p>23 pleural lining is not a mucosal membrane, first</p> <p>24 of all.</p>	<p style="text-align: right;">Page 104</p> <p>1 (PLAINTIFF'S EXHIBIT NUMBER 10</p> <p>2 WAS MARKED FOR IDENTIFICATION.)</p> <p>3 MS. THOMPSON:</p> <p>4 Q I asked you about whether the markers</p> <p>5 that you studied in this research were</p> <p>6 inflammatory markers, and you said you would need</p> <p>7 to look at the paper. So does seeing the paper</p> <p>8 help you at all to answer that question of</p> <p>9 whether these are inflammatory markers, any of</p> <p>10 the five?</p> <p>11 A Yes. But, to be honest with you, my</p> <p>12 main role in this study, I was the principal</p> <p>13 investigator for the R01 funded trial, which</p> <p>14 involved collecting the specimens from about</p> <p>15 twenty sites around the country, and the science</p> <p>16 was done by Dr. Pannel, Louis Pannel.</p> <p>17 And I'm looking here. I'm not sure we</p> <p>18 reported --</p> <p>19 Oh, yeah. A stage -- 67 percent of the</p> <p>20 patients had stage 3 and 4 disease --</p> <p>21 That's on table 1.</p> <p>22 -- which could account for some of the</p> <p>23 markers being inflammatory, like serine protease</p> <p>24 inhibitor. So the majority of patients had</p>
<p style="text-align: right;">Page 103</p> <p>1 Q Is the peritoneum a mucosal membrane?</p> <p>2 A No.</p> <p>3 Q So in that way, they're similar;</p> <p>4 correct?</p> <p>5 A Yes. To the pleura, yes.</p> <p>6 Q In the peritoneum.</p> <p>7 Is the ovarian epithelium a mucosal</p> <p>8 surface?</p> <p>9 A No.</p> <p>10 Q Okay. In that way, it's similar to the</p> <p>11 pleura as well; correct?</p> <p>12 A Right.</p> <p>13 Q I want to ask you about some of the</p> <p>14 articles that you do have cited in your expert</p> <p>15 report. Let me find them.</p> <p>16 MS. CURRY:</p> <p>17 Off the record for a minute.</p> <p>18 (OFF THE RECORD.)</p> <p>19 MS. THOMPSON:</p> <p>20 Q Okay. I want to ask you some questions</p> <p>21 about articles that were in your expert report.</p> <p>22 And let's start with the one on which you were</p> <p>23 coauthor, the Rocconi paper, which will be</p> <p>24 Exhibit 10.</p>	<p style="text-align: right;">Page 105</p> <p>1 advanced-stage disease.</p> <p>2 Q But you also claimed that these markers</p> <p>3 could be beneficial in identifying early-stage</p> <p>4 disease; correct?</p> <p>5 A We did.</p> <p>6 Q And that would be the whole purpose of</p> <p>7 having a screening test; correct?</p> <p>8 A Correct.</p> <p>9 Q Do you know whether any of your</p> <p>10 coauthors on this paper would have the same</p> <p>11 opinion as you do, that inflammation does not</p> <p>12 cause or contribute to ovarian carcinogenesis?</p> <p>13 MS. CURRY:</p> <p>14 Object to the form. Calls for</p> <p>15 speculation.</p> <p>16 A I have no idea. But the inflammatory</p> <p>17 markers can certainly be seen in early ovarian</p> <p>18 cancer as it develops, as it starts growing and</p> <p>19 dividing. The inflammation -- the inflammatory</p> <p>20 markers can certainly be a result of the cancer,</p> <p>21 just like smoke is the result of a fire, not the</p> <p>22 cause of the fire.</p> <p>23 MS. THOMPSON:</p> <p>24 Q I thought you said earlier that</p>

<p style="text-align: right;">Page 106</p> <p>1 inflammation wasn't seen in early ovarian cancer. 2 MS. CURRY: 3 Object to the form. Misstates the 4 testimony. 5 A What I said was inflammation is not 6 causing ovarian cancer. 7 If you have another quote from me, I'd 8 like to hear it regarding that topic. 9 MS. THOMPSON: 10 Q Oh, you want some more quotes? 11 A You just claimed that I said something 12 that I don't recall. 13 Q Oh. I thought you said earlier today. 14 Was I mistaken? 15 A You are mistaken. Unless you want to 16 read something back to me. 17 Q We'll let the record stand on that. 18 A Okay. 19 Q Describe to me how this paper came 20 about. 21 A Well, that's a good question. We had a 22 conference every week where we talked -- we would 23 present patients -- the residents, OB-GYN 24 residents would present patients, and we would</p>	<p style="text-align: right;">Page 108</p> <p>1 Dr. Rocconi -- Dr. Panell did the proteomics, and 2 Dr. Rocconi sort of was our bridge between the 3 clinical and the basic science. 4 Q So you were not the science guy. 5 MS. CURRY: 6 Object to the form. 7 A I am not a science guy, no. 8 MS. THOMPSON: 9 Q Let's -- 10 Oh. Something else. I notice that 11 there was no disclosure as to the work that you 12 have done with Johnson & Johnson in this 13 litigation, is there? 14 A I submitted a disclosure. I don't know 15 if it made it onto the paper or not, but I did 16 submit one. 17 Q Well, that said that you were a -- 18 A Oh. 19 Q -- paid consultant with Johnson & 20 Johnson in talcum powder litigation for the 21 defense? 22 A I'm sorry. I did not, because this 23 paper was not regarding -- this paper had nothing 24 to do with talcum powder.</p>
<p style="text-align: right;">Page 107</p> <p>1 discuss those patients, sort of like an 2 educational tumor board for the residents. And 3 Dr. Pannel, who's a proteomics expert, would 4 attend those, along with Lindsey Schambeau, who 5 is -- 6 That's S-C-H-A-M-B-E-A-U. Panell, is 7 P-A-N-E-L-L. 8 -- would attend those just to try 9 to -- they're both basic scientists, and they 10 would attend just to try to learn some clinical 11 aspects to try to expand their research into 12 translational research. 13 And I brought up the fact that we 14 didn't have a screening test for ovarian cancer 15 or endometrial cancer, and the three of us met 16 out in the hallway after that conference -- 17 that's Dr. Rocconi, R-O-C-C-O-N-I, myself, and 18 Dr. Panell -- and that's when the idea came about 19 that we might be able to use the mucus, the 20 cervical mucus, to search for proteins that might 21 allow us to detect either endometrial cancer 22 early or ovarian cancer early. 23 So I was the principal investigator for 24 the collection of the specimens. Dr. Panell and</p>	<p style="text-align: right;">Page 109</p> <p>1 Q And -- 2 A So I did not disclose that. 3 Q And, so, you don't believe that it 4 required a disclosure, even though it had to do 5 with ovarian cancer? 6 A That was my opinion, yes. It's not a 7 talcum powder paper. It's a paper really of 8 looking at early detection of ovarian cancer. 9 Q Did you consult with Johnson & Johnson 10 attorneys as to whether a disclosure would have 11 been indicated with this type of paper? 12 MS. CURRY: 13 Object to the form. Calls for 14 privileged information. 15 Don't disclose any information or 16 discussions that you've had with any of the 17 attorneys for Johnson & Johnson. 18 MS. THOMPSON: 19 Q So you will not answer that question? 20 A No. 21 Q Okay. Let's look at, in your report, 22 the Kurian paper. It's on page 6, under 23 genetics, family tree. We'll mark that as 24 Exhibit 11.</p>

28 (Pages 106 - 109)

<p style="text-align: right;">Page 110</p> <p>1 (PLAINTIFF'S EXHIBIT NUMBER 11 2 WAS MARKED FOR IDENTIFICATION.)</p> <p>3 MS. THOMPSON:</p> <p>4 Q And your first statement in that 5 section is "overall, about 30 percent of women 6 with serous ovarian cancer have a known genetic 7 mutation as the etiology."</p> <p>8 And we've already determined that means 9 cause.</p> <p>10 MS. CURRY:</p> <p>11 Wait. I'm so sorry. Can you just 12 point us to where in the report?</p> <p>13 MS. THOMPSON:</p> <p>14 Q Page 6, the first sentence under 15 genetics, family history.</p> <p>16 MS. CURRY:</p> <p>17 I'm on page 7. I apologize.</p> <p>18 MS. THOMPSON:</p> <p>19 No apologies necessary today.</p> <p>20 Q Do you need to take a minute to look at 21 that article or are you ready for questions?</p> <p>22 A Let me look at the article for a 23 second.</p> <p>24 Q Let me know when you're ready.</p>	<p style="text-align: right;">Page 112</p> <p>1 Over my years, I've had several letters 2 from myriad stating that I've had a patient 10 3 years ago that had a VUS, and now they've 4 identified it as pathogenic. So...</p> <p>5 Q And some VUSes are identified as 6 insignificant.</p> <p>7 A Sure.</p> <p>8 Q And some even are protective against 9 cancer; correct?</p> <p>10 A Sure.</p> <p>11 Q So it is just incorrect to say that the 12 VUSes are -- were a known genetic mutation 13 causing the individual's ovarian cancer; correct?</p> <p>14 A I think that's debatable.</p> <p>15 Q So you'll STIC with that a VUS would be 16 a known genetic mutation as to the etiology of an 17 individual's ovarian cancer?</p> <p>18 MS. CURRY:</p> <p>19 Object to the form.</p> <p>20 A It's a -- it's a known genetic 21 mutation. It's listed in the report. They're 22 listed here.</p> <p>23 MS. THOMPSON:</p> <p>24 Q Okay. I know they're listed.</p>
<p style="text-align: right;">Page 111</p> <p>1 A Go ahead.</p> <p>2 Q Your statement that 30 percent of women 3 with serous ovarian cancer have a known genetic 4 mutation as the etiology, where in this paper did 5 you find that percentage?</p> <p>6 A That's what I'm looking for. I think 7 the number is 27 percent. Let's see.</p> <p>8 Okay. I think what I did was I got the 9 pathogenic variance and the VUSes, the variance 10 of undetermined significance, if I'm not 11 mistaken --</p> <p>12 Q Are you saying you added --</p> <p>13 A I believe so, yeah.</p> <p>14 Q -- the pathogenic with the VUSes --</p> <p>15 A Yes.</p> <p>16 Q -- to get the 30 percent?</p> <p>17 A Yes.</p> <p>18 Q And you'll agree that VUSes cannot be 19 described as causes of ovarian cancer or any 20 cancer; correct?</p> <p>21 A Well, they're -- as I said, they're 22 commonly found to be associated with diseases as 23 further testing is refined over time. So that's 24 why I included them. And I've had --</p>	<p style="text-align: right;">Page 113</p> <p>1 A It's a known genetic mutation. And I 2 state, I state in a few sentences later --</p> <p>3 Q I didn't ask you about a few sentences 4 later.</p> <p>5 All right. Do you stand by this 6 statement overall, "about 30 percent of women 7 with serous ovarian cancer have a known genetic 8 mutation as to etiology," based on the Kurian 9 article?</p> <p>10 A I stand with my expert summary. I'm 11 not gonna --</p> <p>12 Q I'm asking you the question --</p> <p>13 A I'm not gonna answer it.</p> <p>14 Q You're not gonna answer the question of 15 whether the statement is true or false?</p> <p>16 A It's true in the context of the whole 17 report.</p> <p>18 Q Did the authors of this paper in any 19 way suggest that the VUSes were genetic mutations 20 known to cause ovarian cancer?</p> <p>21 A Again, variants of unknown significance 22 are commonly found to be associated with diseases 23 as further testing is refined over time.</p> <p>24 They list more than a dozen VUSes.</p>

29 (Pages 110 - 113)

Page 114	Page 116
1 P10. 2 Q That's still not my question. 3 And you agree that some VUSes are 4 eventually found out to be protective; correct? 5 A Sure. 6 Q But you -- you are -- 7 This statement is just a Finan 8 statement that has -- that you cannot support 9 with the Kurian paper; correct? 10 MS. CURRY: 11 Object to the form. 12 A Disagree. We agree to disagree. 13 MS. THOMPSON: 14 Q Well, I'm not gonna agree to disagree, 15 because that's just wrong, isn't it? 16 MS. CURRY: 17 Object to the form. 18 A We disagree. 19 MS. THOMPSON: 20 Q But you want to continue with the 21 statement and not revise it in any way, that 22 "overall, about 30 percent of women with serous 23 ovarian cancer have a known genetic mutation as 24 to etiology"?	1 MS. THOMPSON: 2 Q What reference can you give me for 3 that? 4 A I can't right now. 5 Q But you are confident that there is an 6 article that says there are -- 27 percent have an 7 identified germline mutation? 8 A I tell you, I've got to have the 9 article in front of me that I'm citing, and I 10 don't recall the name of it. And I've -- I just 11 don't have that type of memory. 12 Q Am I supposed to just read your mind as 13 to what article you're referring to? 14 MS. CURRY: 15 Objection. Argumentative. 16 MS. THOMPSON: 17 Q Is it on your materials -- is it on 18 your reliance list? You're welcome to look and 19 see if you can find it. 20 A I don't have that right now -- right 21 with me, that I know of. I can look, though. 22 Q That would be an important article, 23 wouldn't it? 24 MS. CURRY:
Page 115	Page 117
1 A Yes. 2 Q Okay. 3 A I think the actual number is about 27 4 percent now. 5 Q Well, from the paper, if you combine 6 the pathogenic mutations at 15 -- at 14.5 percent 7 with the VUSes at 15.6 percent, you would get 8 30.1 percent. Isn't that right? 9 A There you go. We agree. 10 Q No, we don't. Because the VUSes are 11 not known genetic mutations to cause ovarian 12 cancer. That's why they're VUSes. But we can 13 move on. 14 A Please do. 15 Q And you would agree, in looking at the 16 medical literature, generally speaking, regarding 17 genetic mutations and ovarian cancer, inherited 18 genetic mutations, the percentage is typically 15 19 to 20 percent, including all. Would you agree 20 with that? 21 MS. CURRY: 22 Object to the form. 23 A It's been reported up to 25 percent. 24 27 percent, actually.	1 Object to the form. 2 MS. THOMPSON: 3 Q That would be an important article; 4 correct? 5 MS. CURRY: 6 Same objection. 7 A I can get back with you on that 8 article. 9 MS. THOMPSON: 10 Q Okay. I hope you do. Because that 11 would certainly be outside the mainstream 12 literature regarding the known germline mutations 13 and ovarian cancer, so -- 14 MS. CURRY: 15 Object to the form. 16 MS. THOMPSON: 17 Q -- if you'd get back to me, that would 18 be great. 19 Let's look at the Phung paper that is 20 cited in your report. 21 (PLAINTIFF'S EXHIBIT NUMBER 12 22 WAS MARKED FOR IDENTIFICATION.) 23 MS. THOMPSON: 24 Q And do you remember reading this

30 (Pages 114 - 117)

<p>1 article?</p> <p>2 A I do.</p> <p>3 Q And if you go to your report on page 8,</p> <p>4 I'm reading just your sentence, first sentence</p> <p>5 regarding the Phung article. "Phung, et al.,</p> <p>6 published an article in November 2022 with talc</p> <p>7 plaintiff's expert Daniel Cramer as a coauthor</p> <p>8 which concluded that there is a greater risk of</p> <p>9 ovarian cancer with talc use in women with</p> <p>10 endometriosis versus without. However, this</p> <p>11 interaction was not statistically significant."</p> <p>12 Was that your take-home from the Phung</p> <p>13 article?</p> <p>14 A Let's -- let me just take a look.</p> <p>15 MS. CURRY:</p> <p>16 Objection.</p> <p>17 A Let me take a look at the article.</p> <p>18 This is --</p> <p>19 Well, the interaction was not</p> <p>20 statistically significant. Yes. As they say,</p> <p>21 neither of these interactions was statistically</p> <p>22 significant, p-value of 0.65.</p> <p>23 MS. THOMPSON:</p> <p>24 Q And what was the significance of the</p>	<p>Page 118</p> <p>1 they have talc use data. The percentage of cases</p> <p>2 and controls with genital talc use was only about</p> <p>3 10 percent.</p> <p>4 Q But --</p> <p>5 A So let me get --</p> <p>6 Q But you have relied through this entire</p> <p>7 litigation of statistical significance. You</p> <p>8 haven't said the numbers were not enough to have</p> <p>9 statistical significance, and these numbers are.</p> <p>10 Why is that an important point to you?</p> <p>11 MS. CURRY:</p> <p>12 Object to the form.</p> <p>13 A Well, I'm trying to answer you, if</p> <p>14 you'll just give me a minute.</p> <p>15 MS. THOMPSON:</p> <p>16 Q Well, my question is: Did talc use</p> <p>17 have an increased risk of ovarian cancer in this</p> <p>18 study both with endometriosis and without</p> <p>19 endometriosis? And the only thing that was not</p> <p>20 significant was the p interaction.</p> <p>21 MS. CURRY:</p> <p>22 Object to the form. Asked and</p> <p>23 answered.</p> <p>24 MS. THOMPSON:</p>
<p>1 interaction?</p> <p>2 A P was 0.65 and 0.96, respectively.</p> <p>3 Q Okay. Did talcum powder use with</p> <p>4 endometriosis have a statistically significant</p> <p>5 increased risk?</p> <p>6 A In table 2 they list an odds ratio of</p> <p>7 1.12 and a confidence interval of 1.01. Oh,</p> <p>8 that's without endometriosis.</p> <p>9 Q That's what I asked.</p> <p>10 A Odds ratio of 1.38, 1.04 to 1.84. So</p> <p>11 their p-value there was .20, I believe.</p> <p>12 Q That's the interaction; correct?</p> <p>13 A Right. Yes.</p> <p>14 Q But talcum powder ever use in the</p> <p>15 genital area had a statistically significant</p> <p>16 increased risk in women with and without</p> <p>17 endometriosis in this paper; correct?</p> <p>18 A Let me --</p> <p>19 Q Is that correct? You just read it.</p> <p>20 A Well, that's one point out of the</p> <p>21 table. I'm trying to --</p> <p>22 They had -- they -- they do say they</p> <p>23 had limited -- limited numbers to examine, and</p> <p>24 they only -- only 40 percent of their cases did</p>	<p>Page 119</p> <p>1 I don't believe so. I can't get him to</p> <p>2 answer it.</p> <p>3 A I'm trying to. But this -- this paper</p> <p>4 has the same bias as all of the other</p> <p>5 retrospective case-control studies, which is</p> <p>6 recall bias and selection bias. So it wouldn't</p> <p>7 surprise me.</p> <p>8 MS. THOMPSON:</p> <p>9 Q But you didn't have any problem with</p> <p>10 using this paper to state that there was a</p> <p>11 greater risk of ovarian cancer with talc use in</p> <p>12 women with endometriosis versus without, but this</p> <p>13 interaction was not statistically significant.</p> <p>14 It means they couldn't tell to a significant</p> <p>15 degree that endometriosis increased the risk with</p> <p>16 talc use -- correct? -- versus no endometriosis?</p> <p>17 MS. CURRY:</p> <p>18 Object to the form.</p> <p>19 A Well, what I say is that Phung, et al.,</p> <p>20 and Dr. Cramer, what they concluded, that there</p> <p>21 is a greater risk of ovarian cancer with talc use</p> <p>22 in women with endometriosis versus without. And</p> <p>23 I state that this interaction was not</p> <p>24 statistically significant.</p>

<p style="text-align: right;">Page 122</p> <p>1 So I'm not sure --</p> <p>2 Q Why did you not state that the use of 3 talc was statistically significant and 4 increased --</p> <p>5 A I'm not sure --</p> <p>6 Q -- in both instances?</p> <p>7 A Would you like me to revise it to say 8 that?</p> <p>9 Q I'm just asking why you didn't say 10 that. That is the main conclusion of the paper, 11 not that there was --</p> <p>12 A Well --</p> <p>13 Q -- not statistical significance between 14 the use -- between endometriosis and no 15 endometriosis.</p> <p>16 MS. CURRY:</p> <p>17 Object to the form.</p> <p>18 A I'm not sure what we're arguing about. 19 I stated clearly what their conclusion was, and I 20 stated clearly that the interaction was not 21 statistically significant.</p> <p>22 MS. THOMPSON:</p> <p>23 Q Okay. But I want you to answer my 24 question. It is: Was there a statistically</p>	<p style="text-align: right;">Page 124</p> <p>1 Object to the form.</p> <p>2 A And that's exactly what I said.</p> <p>3 MS. THOMPSON:</p> <p>4 Q But you did not say that it showed 5 increased risk with talc use and no endometriosis 6 and significant increased risk with talc use and 7 endometriosis. Just you didn't say that; right?</p> <p>8 A I said that they concluded that there 9 is a greater risk of ovarian cancer. I'm not 10 sure how else I can say that. But if --</p> <p>11 Q You said in women with endometriosis. 12 And it implies that it was not statistically 13 significant. And I'm just getting you to confirm 14 that it was statistically significant.</p> <p>15 A Just like many of the other 16 case-control studies with the same bias, yes.</p> <p>17 Q Okay. And you make a special point of 18 identifying Dr. Cramer as one of the authors of 19 this paper, implying something from that. What 20 was your implication?</p> <p>21 MS. CURRY:</p> <p>22 Object to the form.</p> <p>23 A Well, let's see.</p> <p>24 MS. THOMPSON:</p>
<p style="text-align: right;">Page 123</p> <p>1 significant increased risk in this paper with 2 talc use and no endometriosis?</p> <p>3 MS. CURRY:</p> <p>4 Objection. Asked and answered.</p> <p>5 MS. THOMPSON:</p> <p>6 Q Yes or no?</p> <p>7 A Like all of the case-control studies --</p> <p>8 Q Yes or no?</p> <p>9 A -- that have selection bias --</p> <p>10 Q Yes or no?</p> <p>11 A -- and recall bias, yes, they found a 12 slight increase in --</p> <p>13 Q This paper showed an increased risk 14 with no talc use.</p> <p>15 A Like all of the other -- like many of 16 the other case-control studies, about half of 17 them.</p> <p>18 Q And this paper showed a more increased 19 risk when the talc was --</p> <p>20 A And I --</p> <p>21 Q -- when the talc use was combined with 22 endometriosis, but that was not statistically 23 significant; correct?</p> <p>24 MS. CURRY:</p>	<p style="text-align: right;">Page 125</p> <p>1 Q Let me ask it another way if you need 2 to look in the paper.</p> <p>3 Was the implication by including 4 Dr. Cramer that for some reason this paper 5 shouldn't be trusted?</p> <p>6 A No. It's just another point of bias.</p> <p>7 You have multiple forms of bias in the 8 literature. One of them is selection bias, one 9 of them is recall bias, and one of them is author 10 bias. And that just points that out.</p> <p>11 Q And this paper was from the ovarian 12 cancer association -- consortium; correct?</p> <p>13 A Correct.</p> <p>14 Q And that's a regarded research group in 15 ovarian cancer. Would you agree?</p> <p>16 MS. CURRY:</p> <p>17 Object to the form.</p> <p>18 A I presume so.</p> <p>19 MS. THOMPSON:</p> <p>20 Q And this paper was published in Fert 21 and Ster, Fertility and Sterility; correct?</p> <p>22 A Yes.</p> <p>23 Q And that's a well-regarded journal; 24 correct?</p>

<p style="text-align: right;">Page 126</p> <p>1 A Like many other journals, yes.</p> <p>2 Q And the Fert and Ster represents the</p> <p>3 American Society of Reproductive Medicine;</p> <p>4 correct?</p> <p>5 A Yes.</p> <p>6 Q What is the American Society of</p> <p>7 Reproductive Medicine?</p> <p>8 A It's a society that represents doctors</p> <p>9 who specialize in infertility.</p> <p>10 Q And it would be the equivalent of SGO</p> <p>11 for reproductive endocrinologists and infertility</p> <p>12 specialists; correct?</p> <p>13 MS. CURRY:</p> <p>14 Object to the form.</p> <p>15 A Yes. I presume so, yes.</p> <p>16 MS. THOMPSON:</p> <p>17 Q They're OB-GYNs with fellowship</p> <p>18 training as well; right?</p> <p>19 A Right.</p> <p>20 Q And this paper from the Ovarian Cancer</p> <p>21 Association Consortium, OCAC, has 25, I believe,</p> <p>22 authors; correct?</p> <p>23 A Thereabouts.</p> <p>24 Q But you still believe that the fact</p>	<p style="text-align: right;">Page 128</p> <p>1 currently disclosed experts in the talcum powder</p> <p>2 litigation for the plaintiffs; correct?</p> <p>3 A Correct.</p> <p>4 Q And this paper also states --</p> <p>5 Well, let's look at that --</p> <p>6 What was the objective of this paper by</p> <p>7 the 25 authors of OCAC?</p> <p>8 MS. CURRY:</p> <p>9 Objection.</p> <p>10 Are you just asking him to read from</p> <p>11 the page --</p> <p>12 MS. THOMPSON:</p> <p>13 Q You can read from the abstract.</p> <p>14 A Yeah. They were evaluating the</p> <p>15 associations between ten well-established ovarian</p> <p>16 cancer risk factors and the risk of ovarian</p> <p>17 cancer among women with versus without</p> <p>18 endometriosis. Correct.</p> <p>19 Q And was genital talcum powder use one</p> <p>20 of the well-established ovarian cancer risk</p> <p>21 factors that this paper identified?</p> <p>22 MS. CURRY:</p> <p>23 Object to the form.</p> <p>24 A That's one of the -- that's one of the</p>
<p style="text-align: right;">Page 127</p> <p>1 that Dr. Cramer is one of those 25 authors would</p> <p>2 contribute to bias in the paper?</p> <p>3 A I don't disagree with that, no.</p> <p>4 Q And you're familiar with Dr. Trabert?</p> <p>5 A I've read papers. I don't know</p> <p>6 Dr. Trabert.</p> <p>7 Q And are you familiar with Dr. Terry?</p> <p>8 A I've, of course, read papers by</p> <p>9 Dr. Terry.</p> <p>10 Q Are you familiar with Andy Berchuck?</p> <p>11 A Yes.</p> <p>12 Q Where is Andy Berchuck?</p> <p>13 A Second-to-last line.</p> <p>14 Q I mean where is his practice?</p> <p>15 A Oh. I can't recall. We'd have to</p> <p>16 look.</p> <p>17 Q Would it be Duke?</p> <p>18 A Maybe so.</p> <p>19 Q And Dr. Wu is on this paper; correct?</p> <p>20 A Anna Wu, yes.</p> <p>21 Q And you recognize some of those names</p> <p>22 from other literature; correct?</p> <p>23 A I do.</p> <p>24 Q And those names I just read are not</p>	<p style="text-align: right;">Page 129</p> <p>1 risk factors that they studied, yes.</p> <p>2 MS. THOMPSON:</p> <p>3 Q And, so, at least these 25 authors in</p> <p>4 OCAC identified genital talcum powder use as one</p> <p>5 of ten well-established ovarian cancer risk</p> <p>6 factors; right?</p> <p>7 A Like --</p> <p>8 MS. CURRY:</p> <p>9 Object to the form.</p> <p>10 A Like many authors that I've cited, yes.</p> <p>11 MS. THOMPSON:</p> <p>12 Q Okay. So many authors you've cited do</p> <p>13 identify genital talcum powder use as a risk</p> <p>14 factor. But Dr. Finan, you, do not; correct?</p> <p>15 A I don't, nor do my national societies</p> <p>16 that I belong to.</p> <p>17 Q Did I ask about national societies?</p> <p>18 A You did earlier.</p> <p>19 Q I didn't on that question, though.</p> <p>20 And many of these authors are members</p> <p>21 of SGO as well; correct?</p> <p>22 A Of course, yes.</p> <p>23 Q And they would identify, and they</p> <p>24 identified, genital talc use as one of ten</p>

Page 130	Page 132
1 well-established cancer risk factors; correct? 2 A They did. 3 Q So there's clearly members of SGO that 4 have identified genital talcum powder use as a 5 well-established risk factor; correct? 6 MS. CURRY: 7 Object to the form. 8 A I'm trying to see where they reference 9 their reasons for choosing these risk factors. 10 They say "we considered ten risk factors whose 11 associations with ovarian cancer have been well 12 established in the literature." 13 MS. THOMPSON: 14 Q Okay. We can leave it at that. 15 A Well established in the literature. 16 Q Well established in the literature. 17 And that's really what you're talking -- we're 18 talking about; right? 19 MS. CURRY: 20 Object to the form. 21 A Well, again, I referenced many articles 22 authored by people who believe that talcum powder 23 is a risk factor in the literature. 24 MS. THOMPSON:	1 MS. THOMPSON: 2 Q Here's one I pulled. I think it's from 3 DMJ, but I didn't intend to use it, so I can't 4 exactly tell you where. 5 A Oh, yeah. 6 Q What's at the top? 7 A Systematic Reviews. 8 Q And that would be a systematic review 9 in the med masses, typically; correct? 10 A Right. 11 Q And under that is? 12 A Randomized control trials. 13 Q Has there been a randomized control 14 trial with talc? 15 A Not that I'm aware of. 16 Q I think you testified that there would 17 be no reason not to do one. Is that still your 18 opinion? 19 A Sure. 20 MS. CURRY: 21 Object to the form. 22 MS. THOMPSON: 23 Q You don't think there would be ethical 24 issues with doing a randomized controlled trial
Page 131	Page 133
1 Q Okay. 2 A But none of our societies agree with 3 that. 4 Q Okay. Are you familiar with the -- 5 with evidence-based medicine, particularly the 6 pyramid of quality of evidence? 7 A Yes. 8 Q What's at the top of the pyramid for 9 quality of evidence? 10 MS. CURRY: 11 Object to the form. 12 A Well, prospective cohort studies is -- 13 the pyramid goes from case-control studies to 14 prospective cohort studies to meta-analyses. 15 MS. THOMPSON: 16 Q And those are just three things on that 17 pyramid? 18 A No, at the -- those are at the top. 19 MS. THOMPSON: 20 We'll mark this. 21 MR. BEATTIE: 22 Thirteen. 23 (PLAINTIFF'S EXHIBIT NUMBER 13 24 WAS MARKED FOR IDENTIFICATION.)	1 that exposed one group to genital talc use and 2 another group to no genital talc use and follow 3 it over a period of time? 4 A Well, I don't believe talc causes 5 ovarian cancer, so, no. 6 Q So there would not be any concerns with 7 doing that. It just hasn't been done yet. Is 8 that -- 9 A Well, it would be tough to recruit 10 patients because of all the TV ads -- 11 Q Okay. So that would be a problem -- 12 A -- promoting the litigation. 13 Q -- if you have to recruit patients. 14 A Sure would. 15 Q Would it also be tough to pay for that 16 since Johnson & Johnson has removed talcum powder 17 from the market? 18 MS. CURRY: 19 Object to the form. 20 A I have no idea. 21 MS. THOMPSON: 22 Q Would it be a -- 23 Could you get a randomized control 24 trial through an IRB currently?

<p style="text-align: right;">Page 134</p> <p>1 A I don't know. I haven't tried. 2 Q Could you get a randomized controlled 3 trial using talcum powder containing asbestos 4 through an IRB? 5 A No. 6 Q Why would that be? 7 A Well, asbestos is a known carcinogen to 8 the -- to the lungs and to the peritoneum. 9 Q How does asbestos get to the 10 peritoneum? 11 A I have no idea. 12 Q You have no idea? 13 A No, ma'am. 14 Q But the reason talcum powder with 15 asbestos could not pass an IRB evaluation for 16 genital use would be because it causes lung 17 cancer? 18 MS. CURRY: 19 Object to the form. Calls for 20 speculation. 21 A It causes mesothelioma. 22 MS. THOMPSON: 23 Q Because it causes mesothelioma. But -- 24 but you don't think the IRB would use the</p>	<p style="text-align: right;">Page 136</p> <p>1 A Nonrandomized control trials, which 2 essentially would be -- 3 I'm sorry. Nonrandomized control 4 trials. 5 Q And below that? 6 A Observational studies with comparison 7 groups. 8 Q And that would include cohort and 9 case-control studies; correct? 10 A No. An obs- -- 11 Well, I guess you could. I'm thinking 12 that's prospective observational studies with 13 comparison groups. I look at that as a higher 14 level than -- 15 I consider case-control studies as 16 essentially case series. I think that would be a 17 better box for a case-control study. 18 Q By at least this chart doesn't 19 distinguish between cohort and case-control. 20 They're both -- 21 A Well, they say -- 22 Q -- observa- -- 23 Shh. 24 A I'm sorry.</p>
<p style="text-align: right;">Page 135</p> <p>1 evidence that IARC and many other organizations 2 have considered talcum powder with asbestos to be 3 carcinogenic to the ovaries as well? 4 MS. CURRY: 5 Object to the form. Calls for 6 speculation. 7 A Yeah. I'm not gonna speculate on what 8 an IRB may or may not choose. I just know that 9 any study that is going to include asbestos, 10 they're not even going to consider. That's a 11 ridiculous question. 12 MS. THOMPSON: 13 Q But would you, Dr. Finan, be willing to 14 do that study? 15 A No. 16 Q Talcum powder containing asbestos? 17 A No. 18 Q But you still believe it's safe. 19 A Whatever the constituents are in talcum 20 powder, they're safe, yes. 21 Q Okay. 22 A Confident of that. 23 Q All right. What's below randomized 24 controlled trial?</p>	<p style="text-align: right;">Page 137</p> <p>1 Q Let me finish. Sorry. I didn't mean 2 to say "shh." 3 They're both cohort and case -- 4 Cohort and case-control studies are 5 both observational studies with comparison 6 groups; correct? 7 A They are. But I think case-control 8 studies falls closer to case series than 9 observational studies with comparison groups, 10 because you're not really observing these groups 11 going forward. You're looking back at a case 12 series -- 13 Q But they're -- 14 A -- and dividing them into two groups. 15 Q They're both considered observational 16 studies. Does case series have a control group? 17 A I disagree with -- 18 Q My -- 19 Answer my question. Do case series 20 have a comparison group? 21 A Do case -- 22 They can, yes. 23 Q Will you show me an example of that? 24 The whole case series is you're reporting on a</p>

<p style="text-align: right;">Page 138</p> <p>1 series of cases. You're not comparing it with a 2 control group.</p> <p>3 A I think we can both admit that 4 case-control studies are not listed on this 5 pyramid.</p> <p>6 Q They're under observational studies 7 with comparison groups; correct?</p> <p>8 A My opinion is that a prospective cohort 9 study lies higher on this pyramid than 10 case-control studies, and I'm -- that's -- that's 11 nonnegotiable.</p> <p>12 Q That's your opinion, but that's not 13 what this pyramid shows, is it?</p> <p>14 A I disagree.</p> <p>15 Q Okay. And, then, society statements 16 would fall in this very bottom, under expert 17 opinions, wouldn't it?</p> <p>18 MS. CURRY: 19 Object to the form.</p> <p>20 A No. Because they're basing their 21 opinion on all of these things.</p> <p>22 MS. THOMPSON: 23 Q Have you seen these evidence pyramids 24 that put society opinions at the very bottom?</p>	<p style="text-align: right;">Page 140</p> <p>1 MS. CURRY: 2 Objection.</p> <p>3 MS. THOMPSON: 4 Q In their textbook?</p> <p>5 MS. CURRY: 6 Objection. Calls for speculation. 7 I'm sorry. I did not mean to cut you 8 off.</p> <p>9 MS. THOMPSON: 10 I just asked him if he knew whether 11 Desai and Kreisman chose authors with expertise 12 to write their chapters.</p> <p>13 A I would have to speculate.</p> <p>14 MS. THOMPSON: 15 Q Is that typically what textbooks do?</p> <p>16 MS. CURRY: 17 Object to the form.</p> <p>18 A Again, I'm not gonna opine on how they 19 choose people to write their chapters.</p> <p>20 MS. THOMPSON: 21 Q Okay. But you would assume that 22 Dr. Brewster -- 23 And Dr. Brewster is a gynecologic 24 oncologist; correct?</p>
<p style="text-align: right;">Page 139</p> <p>1 A I have not.</p> <p>2 Q What textbook do you use for 3 gynecologic oncology, generally?</p> <p>4 MS. CURRY: 5 Object to the form.</p> <p>6 A I don't think I've bought a textbook in 7 20 years.</p> <p>8 MS. THOMPSON: 9 Q Could you name a textbook in GYN 10 oncology?</p> <p>11 A Desai and Kreisman.</p> <p>12 Q Okay. Let's look at Desai and 13 Kreisman, the chapter on epidemiology. Okay?</p> <p>14 (PLAINTIFF'S EXHIBIT NUMBER 14 15 WAS MARKED FOR IDENTIFICATION.)</p> <p>16 MS. THOMPSON: 17 Q Do you know Dr. Wendy Brewster, M.D., 18 P.M.D.?</p> <p>19 A No. But I know Dr. Kreisman.</p> <p>20 Q I do as well.</p> <p>21 Do you agree that Dr. Desai and 22 Dr. Kreisman selected experts with specific 23 knowledge and expertise to author certain 24 chapters in this paper -- in their book?</p>	<p style="text-align: right;">Page 141</p> <p>1 A Correct.</p> <p>2 Q And she is also an epidemiologist; 3 correct?</p> <p>4 A I don't know.</p> <p>5 Q Do you know what her Ph.D. degree is 6 in?</p> <p>7 A I'm sorry. I don't.</p> <p>8 Q Okay. Well, let's look at her paper.</p> <p>9 And -- and since Desai and Kreisman was the only 10 textbook you could name, would you consider it 11 authoritative?</p> <p>12 MS. CURRY: 13 Object to the form.</p> <p>14 A I don't think anything's authoritative 15 other than the Bible.</p> <p>16 MS. THOMPSON: 17 Q What does Dr. Brewster say about -- 18 A I'm sorry.</p> <p>19 This is missing a reference that I need 20 to --</p> <p>21 Wait. Maybe it's not.</p> <p>22 She references types of bias to 23 consider when evaluating a manuscript are listed 24 in table 22.2, which I don't see here. Is there</p>

<p>1 a reason you left that out?</p> <p>2 Q I don't think there were any pages</p> <p>3 missing, but let me check.</p> <p>4 A Oh, there it is. There we go.</p> <p>5 Q Okay.</p> <p>6 A I found it. I'm sorry.</p> <p>7 Q Okay. Take a minute to look at this,</p> <p>8 if you'd like.</p> <p>9 A That's what I'm trying to do.</p> <p>10 Q And let's go to that first paragraph on</p> <p>11 evidence-based medicine from Kreisman and Desai,</p> <p>12 the textbook that you recollect for us --</p> <p>13 A That I recollect from 20 years ago,</p> <p>14 yes.</p> <p>15 Q Okay. This wasn't published 20 years</p> <p>16 ago, was it, though?</p> <p>17 A Right. But I don't really reference</p> <p>18 textbooks anymore.</p> <p>19 Q Okay. Did I ask you that question?</p> <p>20 Are Dr. Kreisman and Dr. Desai</p> <p>21 well-regarded GYN oncologists?</p> <p>22 A Of course.</p> <p>23 Q Okay. And they put their name on this</p> <p>24 textbook; correct?</p>	<p>Page 142</p> <p>1 repeated by several investigators."</p> <p>2 Does Dr. Brewster distinguish between</p> <p>3 cohort and case-control studies?</p> <p>4 A She does not. But this is --</p> <p>5 Q Okay. That's my question. She does</p> <p>6 not.</p> <p>7 A And textbooks are opinions. Yeah.</p> <p>8 Q And this article in a well-regarded</p> <p>9 textbook does not distinguish between -- it does</p> <p>10 not state that cohort studies are better than</p> <p>11 case-control studies, does it?</p> <p>12 A No.</p> <p>13 MS. CURRY:</p> <p>14 Object to the form.</p> <p>15 A That's her opinion.</p> <p>16 MS. THOMPSON:</p> <p>17 Q And, then --</p> <p>18 Fair enough.</p> <p>19 Are you an epidemiologist?</p> <p>20 A No.</p> <p>21 Q Do you have a Ph.D. in epidemiology?</p> <p>22 A No.</p> <p>23 Q Have you ever written an</p> <p>24 epidemiological paper?</p>
<p>1 A Yes.</p> <p>2 Q All right. Let's look at</p> <p>3 evidence-based medicine from Dr. Brewster, an</p> <p>4 epidemiologist and GYN oncologist.</p> <p>5 "As much as possible, medical decisions</p> <p>6 should be based on quality evidence."</p> <p>7 Correct?</p> <p>8 A Where are you?</p> <p>9 Q Evidence-based medicine.</p> <p>10 A Yeah. Yes.</p> <p>11 Q The best --</p> <p>12 You agree with that statement?</p> <p>13 A Yes.</p> <p>14 Q "The best evidence is a properly</p> <p>15 designed randomized controlled trial."</p> <p>16 Would you agree with that statement?</p> <p>17 A Yes.</p> <p>18 Q "Evidence from nonrandomized but</p> <p>19 well-designed controlled trials is of lesser</p> <p>20 quality."</p> <p>21 Would you agree with that?</p> <p>22 A Yes.</p> <p>23 Q "Next in reliability is a well-designed</p> <p>24 cohort or case-control study, which have been</p>	<p>Page 143</p> <p>Page 145</p> <p>1 A No. But I've certainly relied on</p> <p>2 epidemiology in all the papers I've written and</p> <p>3 consider myself well versed in it. It was a part</p> <p>4 of -- a critical part of my research career, my</p> <p>5 teaching career for over 30 years.</p> <p>6 Q Okay. And the last sentence says</p> <p>7 "opinions of respected authorities and extensive</p> <p>8 clinical experience are less reliable -- are the</p> <p>9 least reliable."</p> <p>10 Would you agree with that statement?</p> <p>11 A Sure.</p> <p>12 Q And that would include society</p> <p>13 statements of which we don't even have, do we?</p> <p>14 MS. CURRY:</p> <p>15 Object to the form.</p> <p>16 A I disagree with that. Totally disagree</p> <p>17 with that.</p> <p>18 MS. THOMPSON:</p> <p>19 Q Disagree with what?</p> <p>20 A With what you just said.</p> <p>21 Q You don't consider these organizations</p> <p>22 respected authorities?</p> <p>23 MS. CURRY:</p> <p>24 Object to the form.</p>

<p style="text-align: right;">Page 146</p> <p>1 MS. THOMPSON:</p> <p>2 Q What are you disagreeing with?</p> <p>3 A You're trying to twist her words to</p> <p>4 suit your case, and it's just not working.</p> <p>5 Q I am just reading her words.</p> <p>6 "Opinions" --</p> <p>7 And you can say you agree or disagree.</p> <p>8 "Opinions of respected authorities and</p> <p>9 extensive clinical experience are least</p> <p>10 reliable."</p> <p>11 A She said nothing about national society</p> <p>12 statements. You're twisting her words to suit</p> <p>13 your argument. And that's fine.</p> <p>14 Q No. We have not even had a statement</p> <p>15 from a national authority that talcum powder use</p> <p>16 is safe, do we?</p> <p>17 MS. CURRY:</p> <p>18 Object to the form.</p> <p>19 A We have both the CDC and ACOG</p> <p>20 recommending talc use.</p> <p>21 MS. THOMPSON:</p> <p>22 Q For the pannus after surgical [sic].</p> <p>23 There is nobody recommending use for genital</p> <p>24 talcum powder dusting, is there?</p>	<p style="text-align: right;">Page 148</p> <p>1 Q It may be ridiculous, but you're still</p> <p>2 supposed to answer it.</p> <p>3 Does any statement -- does any society</p> <p>4 say talcum powder use is safe?</p> <p>5 A Yes. ACOG and CDC both recommend it.</p> <p>6 Q Does anybody --</p> <p>7 We decided that when we say "talc use,"</p> <p>8 we're referring to the genital use.</p> <p>9 A Ah.</p> <p>10 Q Does any society or organization state</p> <p>11 that talcum powder applied to the genital area is</p> <p>12 safe?</p> <p>13 MS. CURRY:</p> <p>14 Object to the form.</p> <p>15 MS. THOMPSON:</p> <p>16 Q Yes or no?</p> <p>17 MS. CURRY:</p> <p>18 Object to the form.</p> <p>19 MS. THOMPSON:</p> <p>20 Q Or you don't know.</p> <p>21 A I --</p> <p>22 They don't list it as a risk factor for</p> <p>23 ovarian cancer. None of them do.</p> <p>24 Q But they also do not say that it is not</p>
<p style="text-align: right;">Page 147</p> <p>1 A And they're not recommending drinking</p> <p>2 Dr. Pepper and Coke either.</p> <p>3 Q Well, but I didn't ask a question about</p> <p>4 Diet Dr. Pepper and Coke.</p> <p>5 Does any society recommend the genital</p> <p>6 dusting of powder, recommend the use for women?</p> <p>7 A And they don't recommend 7 Up.</p> <p>8 Q I didn't --</p> <p>9 Does any society --</p> <p>10 Do you not hear my question?</p> <p>11 A Why would they recommend it? Why would</p> <p>12 they recommend something that's perfectly safe?</p> <p>13 Q I think --</p> <p>14 You can recommend birth control pills</p> <p>15 for a woman at high risk for ovarian cancer. I</p> <p>16 mean, you think it's safe. Why don't they say</p> <p>17 apply talcum powder to your genitals; it makes</p> <p>18 you feel comfortable?</p> <p>19 MS. CURRY:</p> <p>20 Object to the form.</p> <p>21 A They don't recommend applying deodorant</p> <p>22 under the arms, either. I mean, it's a</p> <p>23 ridiculous question.</p> <p>24 MS. THOMPSON:</p>	<p style="text-align: right;">Page 149</p> <p>1 a risk factor, do they? They are silent on it.</p> <p>2 MS. CURRY:</p> <p>3 Object to the form.</p> <p>4 A They're silent on it, yes.</p> <p>5 MS. THOMPSON:</p> <p>6 Q And there are other risk factors that</p> <p>7 you have actually described that are also not on</p> <p>8 the risk factor list of these organizations. For</p> <p>9 example, obesity.</p> <p>10 MS. CURRY:</p> <p>11 Object to the form.</p> <p>12 A I don't know what to say.</p> <p>13 MS. THOMPSON:</p> <p>14 Q Okay. But that's true; correct?</p> <p>15 Is there a statement that this is a</p> <p>16 comprehensive list of all risk factors?</p> <p>17 A Is --</p> <p>18 I'm sorry. What are you referring to?</p> <p>19 Q When you say it's not on their list of</p> <p>20 risk factors, is there anything that states this</p> <p>21 is meant to be a list of all risk factors? Is</p> <p>22 there or is there not, or you don't know?</p> <p>23 A I don't think they state that</p> <p>24 specifically, no.</p>

Page 150 1 Q Okay. And Johnson & Johnson 2 contributes to national organizations; correct? 3 MS. CURRY: 4 Object to the form. 5 A As -- as do many corporations, yes. 6 MS. THOMPSON: 7 Q My question was about 8 Johnson & Johnson, wasn't it? 9 MS. CURRY: 10 Object to the form. Calls for 11 speculation. 12 MS. THOMPSON: 13 Q Do you know if Johnson & Johnson 14 contributes to SGO? 15 A Yes. I've seen their booth at the 16 meeting, as I've seen dozens of other companies' 17 booths, Ethicon -- 18 Q I'm just asking -- 19 Yeah. And Ethicon is part of 20 Johnson & Johnson, isn't it? 21 A I really don't know who owns Ethicon. 22 Q Okay. But I'm just asking about 23 Johnson & Johnson. 24 A Intuitive Surgical.	Page 152 1 A I doubt that. You showed me yourself 2 how ACOG comes up with their statements. You 3 showed me earlier this morning that it's the 4 committee of 20. They look at the literature. 5 You -- you spelled it out yourself. 6 MS. THOMPSON: 7 Q Is it possible that ACOG and SGO did 8 not send this to their committees for financial 9 reasons? 10 MS. CURRY: 11 Object to the form. Argumentative. 12 Speculative. 13 A I personally know the presidents of 14 these organizations, the past presidents. And if 15 you're accusing them -- your veiled accusation is 16 that they're being bought off. And I know these 17 people, and I'm offended by that question. 18 MS. THOMPSON: 19 Q So it's not possible, in your mind? 20 MS. CURRY: 21 Object to the form. Calls for 22 speculation. 23 A I'm not gonna answer it. 24 MS. THOMPSON:
Page 151 1 Q I don't know if Intuitive is 2 Johnson & Johnson or not. 3 A They're not. 4 Q The question was just about 5 Johnson & Johnson, not about other corporations. 6 Can we do that? 7 A They have booths at every meeting I go 8 to. 9 Q Okay. Do they contribute in other -- 10 for meetings? Yes? 11 MS. CURRY: 12 Object to the form. 13 A They have booths at meetings, and it 14 costs money to have a booth, yes. 15 MS. THOMPSON: 16 Q Do you know how much Johnson & Johnson 17 contributes to ACOG and SGO on a yearly basis? 18 A I don't know. 19 Q Is it possible that ACOG and SGO did 20 not issue a statement about talcum powder use and 21 ovarian cancer for financial reasons? 22 MS. CURRY: 23 Object to the form. Calls for 24 speculation.	Page 153 1 Q Is it possible that they did not send 2 this to the committee to do a comprehensive 3 review for political reasons? 4 MS. CURRY: 5 Objection. Argumentative. 6 A That would -- that would be extremely 7 difficult when you have a committee of 20. And 8 I've even pointed out in my paper how the 9 National Cancer Institute PDQs are developed. 10 It's a multidisciplinary committee, and it's -- 11 it'd be impossible to sweep something under the 12 rug like you're describing. 13 MS. THOMPSON: 14 Q Would it be possible that ACOG and SGO 15 did not perform a comprehensive review or issue a 16 statement because they were concerned about 17 litigation? 18 MS. CURRY: 19 Object to the form. Argumentative. 20 A So you're -- what you're suggesting is 21 that there was a collusion amongst eight 22 different societies and they all agreed to not 23 publish anything on talc? 24 MS. THOMPSON:

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<p>1 Q No. My question was about SGO and 2 ACOG.</p> <p>3 A This is a --</p> <p>4 MS. CURRY:</p> <p>5 Objection.</p> <p>6 A -- ridiculous line of questioning. I'm 7 not gonna answer it.</p> <p>8 MS. THOMPSON:</p> <p>9 Q And the reason you won't answer is 10 because there wouldn't be any chance of that; 11 correct?</p> <p>12 A It's beyond belief. Yes.</p> <p>13 Q You are 100 percent confident that ACOG 14 and SGO did not have any ulterior motive for not 15 performing a systematic review or issuing a 16 statement, not one way -- about talcum powder use 17 and ovarian cancer?</p> <p>18 MS. CURRY:</p> <p>19 Object to the form.</p> <p>20 A I'm not gonna say a hundred percent. I 21 think this whole line of questioning is 22 ridiculous, and I'm having trouble wrapping my 23 mind about it. That's the truth.</p> <p>24 MS. THOMPSON:</p>	<p>1 inflammation plays a role in the development of 2 many cancers, including ovarian cancer" --</p> <p>3 Did I read that correctly?</p> <p>4 A You did.</p> <p>5 Q -- "the increased risk observed 6 specifically among women with endometriosis is 7 plausible because overweight women with 8 endometriosis may have higher levels of 9 inflammation."</p> <p>10 Did I read that correctly?</p> <p>11 A You did.</p> <p>12 Q "Both endometriotic foci and adipose 13 tissues produce pro-inflammatory cytokines, 14 including INF [sic] alpha, IL-1, and IL-6 --</p> <p>15 MS. CURRY:</p> <p>16 That's TNF. It's TNF-alpha.</p> <p>17 MS. THOMPSON:</p> <p>18 Oh, TNF. Sorry. I had underlined it.</p> <p>19 TNF.</p> <p>20 Q "These proinflammatory cytokines have 21 shown to increase the risk of ovarian cancer as 22 they promote the synthesis of prostaglandins, 23 which in turn initiates [sic] cell 24 differentiation and apoptosis and enhances</p>
Page 155	Page 157
<p>1 Q And the reason is because you know the 2 people, and it's just not possible, in your mind?</p> <p>3 MS. CURRY:</p> <p>4 Object to the form.</p> <p>5 A Yes. And not only do I know the 6 people. I know their methods, because they've 7 been published. You showed me the publication 8 this morning.</p> <p>9 MS. THOMPSON:</p> <p>10 Q That they did not do regarding talc use 11 and ovarian cancer; correct?</p> <p>12 A We've already gone over this.</p> <p>13 Q Okay. I just wanted to make sure that 14 we were clear on that.</p> <p>15 Regarding --</p> <p>16 Back to the Phung paper --</p> <p>17 We got a little sidetracked.</p> <p>18 -- reading from page 5 in the 19 discussion --</p> <p>20 A Which paper?</p> <p>21 Q Phung. Still on Phung.</p> <p>22 A Okay.</p> <p>23 Q In the middle of the second paragraph 24 under the discussion, I am reading. "Because</p>	<p>1 invasion and angiogenesis."</p> <p>2 MS. CURRY:</p> <p>3 It says the opposite. It says it 4 inhibits.</p> <p>5 MS. THOMPSON:</p> <p>6 Inhibits. Thank you. I should have 7 read that correctly.</p> <p>8 Q Did I read that correctly?</p> <p>9 A Parts of it, you did, yes.</p> <p>10 Q Okay. Let me read it again. You want 11 me to start at the beginning?</p> <p>12 A No. That -- I'll -- you were reading 13 it correctly. I'll give you that, as much as I 14 believe I can.</p> <p>15 Q Does that sound like a lot of the 16 statements I asked you about earlier today?</p> <p>17 A It does, yes.</p> <p>18 Q So at least these authors don't agree 19 with you that inflammation is not involved in the 20 initiation of the development of cancer, many 21 cancers, including ovarian cancer.</p> <p>22 MS. CURRY:</p> <p>23 Object to the form.</p> <p>24 A We don't know what caused --</p>

1 If we knew what causes ovarian 2 cancer -- 3 Q I didn't ask you. I asked do these 4 authors. 5 A These authors do cite exactly what you 6 stated, yes. 7 Q Okay. And there are 25 authors. 8 A Yes. 9 Q And they're from institutions like 10 Harvard, Yale, Duke, and they're well regarded; 11 correct? 12 A Yes. And I'm not disagreeing with 13 them. Their findings are clear as day here. 14 Q You're not disagreeing with them that 15 inflammation plays a role in the development of 16 ovarian cancer? 17 A No. I'm not disagreeing with the fact 18 that both endometriotic foci and adipose tissues 19 produce pro-inflammatory cytokines. 20 Q Okay. But they're giving that as the 21 mechanism by which inflammation plays a role in 22 the development of ovarian cancer; correct? 23 A That's -- that's one of the statements 24 that they make, yes.	Page 158 1 that are well regarded, from important 2 institutions and part of an ovarian cancer 3 consortium, do believe that inflammation is 4 associated with ovarian cancer -- 5 MS. CURRY: 6 Object to the form. 7 MS. THOMPSON: 8 Q -- and it's a proposed -- that's a 9 possible biological mechanism for talc 10 association; correct? 11 MS. CURRY: 12 Object to the form. 13 A We've been talking about that all 14 morning. Yes. 15 MS. THOMPSON: 16 Q Okay. So this Phung paper that you 17 cited in your report contradicts some of your 18 opinions; correct? 19 MS. CURRY: 20 Object to the form. 21 A I think what you're doing is -- 22 MS. THOMPSON: 23 Q Just can you answer that yes or no? 24 Does it contradict some of your opinions?
Page 159 1 Q Okay. But it's a statement that 2 precedes the rest of the descriptions of the 3 mechanism; correct? 4 MS. CURRY: 5 Object to the form. 6 A I'll -- 7 Would you like me to read what I agree 8 with? 9 MS. THOMPSON: 10 Q No. 11 Okay. I'll read the next sentence. 12 "This would also be in line with our 13 observation of a higher risk associated with 14 genital talc use for women with endometriosis 15 since inflammation has been proposed as a 16 possible biologic mechanism of talc's association 17 with ovarian cancer." 18 Did I read that correctly? 19 A You read that correctly. 20 Q Okay. 21 A And I disagree with it. 22 Q And you disagree. 23 A Yes. 24 Q But at least these 25 authors from --	Page 161 1 A No. 2 Q So does it contradict your opinion that 3 no one considers talc use as a risk factor? 4 A They, again, based their choices on 5 things that were reported in the literature as 6 risk factors. 7 Q Well, do you think these authors would 8 say it's a well-established risk factor if they 9 didn't think that was the case? 10 MS. CURRY: 11 Objection. Calls for speculation. 12 A It's well -- it's well-reported in the 13 literature. 14 MS. THOMPSON: 15 Q But they don't use well-reported. They 16 use the word "well-established," don't they? Yes 17 or no? Do they use "well" -- 18 A They used "well-established." 19 Q Okay. And they -- 20 This paper contradicts your opinion 21 that inflammation is not involved in the etiology 22 of ovarian cancer, doesn't it? 23 A It -- it actually supports what I've 24 been saying all along, because these --

1 Q We just read the whole paragraph of 2 inflammation and the development of ovarian 3 cancer, and you're saying it -- it's consistent 4 with your opinion that inflammation is not 5 involved in ovarian cancer and supports your 6 opinion? 7 A What it does, with these odds ratios -- 8 Q I didn't ask anything about an odds 9 ratio. 10 A Well, I'm going back to the root of 11 their conclusion. 12 Q The odds ratio has nothing to do 13 whether -- as to whether inflammation is involved 14 in the etiology of ovarian cancer. 15 A We don't know what causes ovarian 16 cancer. 17 Q Okay. But why are you going back to an 18 odds ratio table? These authors say it does; 19 correct? 20 A These authors do. 21 Q Okay. 22 A And I disagree with them. 23 Q Okay. That's fine. It's fine for you 24 to disagree with them. I'm just asking you what	Page 162 1 You can bring up -- we'll do national societies 2 in a minute. 3 This paper contradicts your opinion 4 that it's not a risk factor; correct? 5 A It does, yes. 6 Q And this paper contradicts your opinion 7 that inflammation is not involved in the etiology 8 of ovarian cancer; correct? 9 MS. CURRY: 10 Objection. Asked and answered. 11 A Outside of genetics, we don't really 12 know what causes ovarian cancer. If we did, we'd 13 have the Nobel Prize. 14 MS. THOMPSON: 15 Q Is that an answer to my question, 16 Doctor? I don't think it is. 17 This paper contradicts your opinion 18 that inflammation is not involved in the etiology 19 of ovarian cancer. 20 MS. CURRY: 21 Objection. Asked and answered. 22 A Yes. We don't know what causes ovarian 23 cancer, so -- 24 MS. THOMPSON:
Page 163 1 these authors said. 2 A You read it correctly. 3 Q Okay. Well, I not only read it 4 correctly. These authors put this in their 5 paper. 6 A In the discussion, right. The 7 discussion is an area where you can expound on 8 your own opinions. 9 Q But it's based on the results from this 10 paper; correct? 11 MS. CURRY: 12 Object to the form. 13 A Which I was trying to go back to. 14 MS. THOMPSON: 15 Q Okay. And they also -- it also 16 contradicts your lack of a plausible mechanism, 17 doesn't it? 18 A Yes. 19 Q Okay. So, from what I read, this paper 20 contradicts your opinion that talc use is not a 21 risk factor; correct? 22 A Along with eight of our major national 23 societies, yes. 24 Q I didn't ask about national societies.	Page 164 1 Q But you -- you don't say we don't know 2 what causes ovarian cancer. You say inflammation 3 does not cause or contribute to the development 4 of ovarian cancer. 5 A Right. And I'm very confident on that. 6 Q You were a hundred percent confident. 7 But I'm saying this paper would contradict that 8 opinion. Correct? 9 A You've said that ten times. 10 Q Well, but you've never said "correct." 11 A Correct. 12 Q Thank you. 13 And you've said there's no plausible 14 mechanism for how talcum powder could cause or 15 contribute to ovarian cancer; correct? 16 A That's correct. 17 Q And this paper contradicts that opinion 18 as well. 19 MS. CURRY: 20 Object to the form. 21 MS. THOMPSON: 22 Q Because they just described it in what 23 I read; correct? 24 A They describe a very common theory that

<p style="text-align: right;">Page 166</p> <p>1 a lot of people subscribe to, yes.</p> <p>2 Q Well, let's get to what you mean by plausible when you say there's no plausible mechanism. Because when I looked up the meaning of plausibility, I found it's potential, it's believable in terms of scientific biological knowledge, or it could cause, based on logic or relevant literature. But your opinion is it is not plausible.</p> <p>10 A Right.</p> <p>11 MS. CURRY:</p> <p>12 Object to the form.</p> <p>13 A Right. And I've -- I've spent over 60 pages describing exactly why that is. Yes.</p> <p>15 MS. THOMPSON:</p> <p>16 Q Well, I'm not sure if that's correct.</p> <p>17 But...</p> <p>18 So you don't have to prove something to make it plausible; correct?</p> <p>20 A That's a pretty vague statement.</p> <p>21 Q Can you -- you can't answer it?</p> <p>22 A Not as worded, no.</p> <p>23 Q Can something be plausible that hasn't yet been proven?</p>	<p style="text-align: right;">Page 168</p> <p>1 Q What's the --</p> <p>2 A I mean, I know what's been discussed, what you're --</p> <p>4 You know, there have been papers written on obesity and inflammation and chronic inflammatory markers. But there have also been 7 papers that show that those chronic inflammatory markers are not associated with ovarian cancer.</p> <p>9 So the data's mixed.</p> <p>10 Q Okay. Data mixed. But it is a plausible mechanism in your mind or not?</p> <p>12 A Inflammation does not cause ovarian cancer.</p> <p>14 Q That wasn't my question.</p> <p>15 A Obesity also causes peripheral conversion of various hormones to estrogen, and it could be the estrogen exposure, essentially unopposed estrogen, endogenous.</p> <p>19 Q My question is: And obesity is associated with many other cancers as well; correct?</p> <p>22 A It is.</p> <p>23 Q That are not estrogen dependent; correct?</p>
<p style="text-align: right;">Page 167</p> <p>1 A I presume so.</p> <p>2 Q Okay.</p> <p>3 A I'm gonna need something to eat soon. I'm sorry to say I'm about to get hangry.</p> <p>5 Q You're about to get angry?</p> <p>6 A Hangry, with an H. Let the record show the H.</p> <p>8 Q I've got, I think, two more questions, and then we can see about lunch.</p> <p>10 Do you consider obesity to be a risk factor for ovarian cancer?</p> <p>12 A Yes.</p> <p>13 Q And that's in some studies; correct?</p> <p>14 A It is in some studies, yes.</p> <p>15 Q But it's not on most of the -- or many of the lists from your societies; correct?</p> <p>17 MS. CURRY:</p> <p>18 Object to the form.</p> <p>19 A It's on some of them but not all of them. Correct.</p> <p>21 MS. THOMPSON:</p> <p>22 Q And what is the proposed mechanism for how obesity can contribute to ovarian cancer?</p> <p>24 A I don't really know.</p>	<p style="text-align: right;">Page 169</p> <p>1 A Correct.</p> <p>2 Q Is the mechanism through which obesity can cause an increased risk in cancer through inflammation, is that a plausible mechanism?</p> <p>5 MS. CURRY:</p> <p>6 Object to the form.</p> <p>7 A For some cancers.</p> <p>8 MS. THOMPSON:</p> <p>9 Okay. Let me just phrase it again so I don't get the objection, because I agree with your objection.</p> <p>12 Q The mechanism that has been proposed for the reason that obesity causes or contributes to the development of many cancers is through systemic inflammation. Is that correct?</p> <p>16 MS. CURRY:</p> <p>17 Object to the form.</p> <p>18 MS. THOMPSON:</p> <p>19 Q That is a proposed mechanism.</p> <p>20 A That is what has been published in the literature, and that is what has been proposed.</p> <p>22 Q That is correct, yes.</p> <p>23 Q Okay. And is that a plausible mechanism?</p>

<p>1 A Not for ovarian.</p> <p>2 Q For --</p> <p>3 A Yes.</p> <p>4 Q -- any cancer?</p> <p>5 A It's plausible for colon, pancreas.</p> <p>6 Q But it's not plausible for ovarian</p> <p>7 cancer.</p> <p>8 A Not in my opinion.</p> <p>9 Q And if someone said otherwise, they'd</p> <p>10 be wrong?</p> <p>11 A Uh-huh.</p> <p>12 Q Okay. And regarding your other</p> <p>13 opinions that we've been through this morning, if</p> <p>14 someone has an opinion other than you, that's</p> <p>15 different from yours, that contradicts yours --</p> <p>16 let's go with that -- if someone has an opinion</p> <p>17 that's different from yours, would they be wrong?</p> <p>18 MS. CURRY:</p> <p>19 Object to the form.</p> <p>20 A If someone that has an opinion that's</p> <p>21 different from mine, would they be wrong? That's</p> <p>22 a very broad statement.</p> <p>23 MS. THOMPSON:</p> <p>24 Q Okay. Let's narrow it down a little</p>	Page 170	<p>1 MS. THOMPSON:</p> <p>2 Q Development of ovarian cancer, the</p> <p>3 etiology of ovarian cancer.</p> <p>4 A They would be wrong.</p> <p>5 Q In ovarian carcinogenesis.</p> <p>6 A They would be wrong.</p> <p>7 Q And if someone had the opinion that the</p> <p>8 ascension of talc particles from the perineum</p> <p>9 that create an inflammatory microenvironment that</p> <p>10 contributes to genetic instability, would they be</p> <p>11 wrong?</p> <p>12 MS. CURRY:</p> <p>13 Object to the form.</p> <p>14 A Yes. They'd be wrong.</p> <p>15 MS. THOMPSON:</p> <p>16 Q Okay. Let's break for lunch.</p> <p>17 (LUNCH RECESS.)</p> <p>18 MS. THOMPSON:</p> <p>19 Q Dr. Finan, you testified that the CDC</p> <p>20 has a statement that talc is not a risk factor of</p> <p>21 ovarian cancer; correct? Is that your opinion?</p> <p>22 A Yes.</p> <p>23 Q And is it like SGO and ACOG, where it's</p> <p>24 silent on the issue?</p>	Page 172
<p>1 bit. If someone had an opinion that talc use is</p> <p>2 not safe, would they be wrong?</p> <p>3 A Yes.</p> <p>4 Q If someone has the opinion that</p> <p>5 particles can get to the ovary through genital</p> <p>6 dusting, would they be wrong?</p> <p>7 A Yes.</p> <p>8 Q If someone had the opinion that</p> <p>9 inflammation does not cause or contribute to the</p> <p>10 development of ovarian cancer, would they be</p> <p>11 wrong?</p> <p>12 MS. CURRY:</p> <p>13 I'm sorry.</p> <p>14 A Would you read that back, please, or</p> <p>15 say it again?</p> <p>16 MS. THOMPSON:</p> <p>17 Q I may have said it wrong.</p> <p>18 If someone had the opinion that</p> <p>19 inflammation does cause or contribute to ovarian</p> <p>20 cancer, would they be wrong?</p> <p>21 A Yes.</p> <p>22 MS. CURRY:</p> <p>23 You mean the development of ovarian</p> <p>24 cancer.</p>	Page 171	<p>1 A To my knowledge, yes.</p> <p>2 Q Do you know if the CDC has made a</p> <p>3 statement as to asbestos causing ovarian cancer?</p> <p>4 A I do seem to recall reading something</p> <p>5 recently, yes. I'd have to see it, though.</p> <p>6 Q Okay. Are you familiar with the ATSDR,</p> <p>7 the Agency For Toxic Substances and Disease</p> <p>8 Registry?</p> <p>9 A I am not.</p> <p>10 Q It is the agency within the CDC that</p> <p>11 examines environmental substances and their</p> <p>12 health effects. Can you accept that?</p> <p>13 A Sure.</p> <p>14 Q Okay. And they have done a</p> <p>15 comprehensive review.</p> <p>16 MS. THOMPSON:</p> <p>17 I have two copies of this.</p> <p>18 Dawn, would you be okay if I used the</p> <p>19 cover page of the page I want to use out of this?</p> <p>20 MS. CURRY:</p> <p>21 Yes. And we will receive --</p> <p>22 MS. THOMPSON:</p> <p>23 But I'll let you see it first, then</p> <p>24 have you take it, if it's okay.</p>	Page 173

Page 174	Page 176
1 Q This is Exhibit 15, but we may change 2 that exhibit to just the cover page. 3 (PLAINTIFF'S EXHIBIT NUMBER 15 4 WAS MARKED FOR IDENTIFICATION.) 5 MS. THOMPSON: 6 Q This is a 129-page document that's 7 titled "ATSDR." That's the Agency For Toxic 8 Substances Disease Registry in the Department of 9 Human Health Services under the CDC umbrella. 10 And this treatise on asbestos toxicity, 11 if you'll just look on page 70, key points, and 12 the key points in this document are pleural and 13 peritoneal mesothelioma is a rare, rapidly 14 invasive tumor caused by asbestos exposure. 15 You would agree with that; right? 16 A Yes. 17 Q And asbestos exposure is a known risk 18 factor for laryngeal cancer and ovarian cancer. 19 Did I read that correctly? 20 A You read that correctly. 21 Q So the CDC agency that is specifically 22 devoted to looking at toxic substances has 23 recognized asbestos as a risk factor for ovarian 24 cancer; correct?	1 asbestos toxicity? 2 MS. CURRY: 3 Object to the form. 4 A I would say IARC needs to meet again 5 and review the updated data. 6 MS. THOMPSON: 7 Q And you're aware that IARC is meeting 8 again, are you not? 9 A I am. Yes. 10 Q And is it still your opinion that you 11 anticipate that they'll reverse their 2010 12 conclusion? 13 A I believe they will, based on the 14 literature, yes. 15 Q Have you looked at any of the members 16 of that committee? 17 A No. 18 MS. CURRY: 19 If it's okay, can we leave the entire 20 exhibit marked, just because I haven't had an 21 opportunity to look at it in full? 22 MS. THOMPSON: 23 Yes, that's fine. I was just trying 24 to...
Page 175	Page 177
1 A Well, I'd like to see the reference -- 2 This -- 3 Let me convey that this is the first 4 time I'm seeing this 120-plus-page document. 5 Q Well, it is a comprehensive review. Do 6 you agree? 7 MS. CURRY: 8 Object to the form. 9 A This is the first time I'm seeing it. 10 And if they relied on IARC, IARC is over 10 years 11 old. I just want to see if they cite it -- if 12 they cite IARC. Yes. 13 So that document that they cite is from 14 2012 and has a lot of flaws. They base their 15 opinions on death certificates. And according to 16 Slomovitz -- 17 Well, let me just say I disagree. 18 MS. THOMPSON: 19 Q Okay. 20 A The data's 12 years old. 21 Q And would you trust Dr. Slomovitz's 22 article or would you -- would you describe 23 Dr. Slomovitz's article as more authoritative 24 than the ATSDR 100-page document that looks at	1 MS. CURRY: 2 Save trees? 3 THE WITNESS: 4 We're beyond saving trees at this 5 point, I think. 6 MS. THOMPSON: 7 Q Honestly. Isn't that the truth. 8 Let's go to your report, and, 9 specifically, I'm going to look at that biologic 10 plausibility section, under the migration 11 opinions. 12 And I can't find the page either. 13 A Migration. 14 Q Okay. Here it is. I've got it. It's 15 on page 47. 16 A Okay. 17 Q And we've already talked some about 18 migration and the ability of particles to reach 19 the ovaries, but I want to specifically talk 20 about the section on the pelvic anatomy. We 21 talked about the studies that demonstrate the 22 movement of particles. I want to start with this 23 sentence: 24 "The female anatomy has a number of

Page 178 1 protective anatomic functional and physiologic 2 measures to protect the reproductive system from 3 contaminants. These include labia majora are 4 apposed from side to side, placing pressure on 5 the labia minora." 6 Is apposed your word? 7 A Yes. 8 Q What does that mean? 9 A Pushed against each other. 10 Q Have you ever seen the word "apposed" 11 used in a description of the female labia majora? 12 A I don't know. That's just the way I 13 described it. 14 Q But does that mean that they're fused? 15 A No. I didn't say fused. 16 Q Well, I'm just trying to see what you 17 mean by apposed, because I tried to search for 18 the word "apposed" in relationship to the labia 19 majora, and I could not find a single 20 reference -- 21 A That's just the word -- 22 Q -- using that word. 23 A That's just the word I chose to 24 describe it.	Page 180 1 I didn't mean to offend you. I just 2 thought it would describe the fact that they were 3 pushed up against each other. 4 MS. THOMPSON: 5 Q But no other textbook or reference that 6 I could find -- 7 A I didn't get this from a textbook. 8 Q So you don't have any basis in the 9 medical literature to use the word "apposed." 10 Correct? 11 MS. CURRY: 12 Object to the form. 13 A I have 30-plus -- well, close to 40 14 years of experience, if you include my residency 15 and fellowship, and that's just how I chose to 16 describe it. I didn't realize it was offensive. 17 MS. THOMPSON: 18 Q The point is not that it's offensive. 19 The point is that I -- I couldn't find that word 20 ever used in -- in the whole history of anatomy. 21 MS. CURRY: 22 There's no question pending. 23 A Huh. 24 MS. THOMPSON:
Page 179 1 Q There is quite a bit of articles, 2 literature, commentary using that word, 3 "apposed," but only in the context of female 4 genital mutilation by surgical techniques. And 5 I'll get emotional on this. But that's not what 6 you mean, certainly. 7 MS. CURRY: 8 Object to the form. Argumentative. 9 A Absolutely not. 10 MS. THOMPSON: 11 Q And I am -- I could not find any 12 reference in textbook, peer-reviewed article, 13 women's magazine, anything else that used the 14 word "apposed" in relationship to the labia 15 majora. 16 MS. CURRY: 17 Object to the form. 18 Is there a question following that? 19 MS. THOMPSON: 20 Q And -- 21 But you chose this word; correct? 22 MS. CURRY: 23 Object to the form. 24 A That's just --	Page 181 1 Q So I wanted to see what you meant by 2 it. 3 And I could not also find that the 4 labia minora are apposed from side to side. But 5 do you mean the same thing with that? 6 A I never meant to offend anyone with 7 these words. 8 Q I never said I was offended, did I? I 9 said I was surprised you used that word. 10 A That's the way I described it. 11 Q But that doesn't mean closed; correct? 12 A It's not -- it -- 13 The system is designed -- the female 14 reproductive system is beautifully designed to 15 protect the uterus, fallopian tubes, and ovaries 16 from foreign contaminants. So I would argue 17 there are a number of barriers, as I've listed 18 here, that prevent foreign contaminants from 19 getting up into the tubes. 20 Q And what is your reference that you're 21 using for that, that it's a closed system? 22 A Well, the fact that a woman dusting 23 powder on her perineum does not experience 24 migration of that powder into the tubes or

<p style="text-align: right;">Page 182</p> <p>1 ovaries.</p> <p>2 Q And how do you know that? What are you 3 relying on?</p> <p>4 A Well, you would see inflammation, just 5 like you do in the chest when you put talcum 6 powder in the chest. You see an inflammatory 7 response. The lung sticks to the chest wall.</p> <p>8 Q Have you seen any study or article that 9 compares pleurodesis with genital dusting and 10 states that that shows somehow that the talc 11 particles don't get to the ovaries?</p> <p>12 A I've operated on close to 10,000 women.</p> <p>13 Q I asked if you've seen any literature.</p> <p>14 A No.</p> <p>15 Q I understand you've operated, but 16 that's not my question.</p> <p>17 A No.</p> <p>18 Q You have not seen any literature that 19 compares the two.</p> <p>20 A No.</p> <p>21 Q You say the vaginal walls are apposed 22 anterior-posterior. That doesn't mean closed, 23 does it?</p> <p>24 A Well, they're -- they're apposed.</p>	<p style="text-align: right;">Page 184</p> <p>1 Q Did I ask about a diaphragm or condom?</p> <p>2 A I said yes, as would a diaphragm or 3 condom.</p> <p>4 Q Okay. That's a different process that 5 I did not ask about; we can discuss another day.</p> <p>6 And regarding that cervical os --</p> <p>7 Well, let's -- yeah. Regarding the 8 cervix, you even go beyond that and say "the 9 cervix is most certainly closed." So --</p> <p>10 A Correct.</p> <p>11 Q -- you feel pretty positive about that; 12 right?</p> <p>13 A Except for admitting sperm, yes.</p> <p>14 Q Did you know that dead sperm and sperm 15 particles also get through the cervix?</p> <p>16 MS. CURRY:</p> <p>17 Object to the form.</p> <p>18 A Yes.</p> <p>19 MS. THOMPSON:</p> <p>20 Q So sperm don't have to be motile; 21 correct?</p> <p>22 A Correct.</p> <p>23 Q Do you have any literature or evidence 24 that somehow the cervical mucus impedes the</p>
<p style="text-align: right;">Page 183</p> <p>1 They're pushed up against each other, like front 2 to back.</p> <p>3 Q And is it your opinion that that would 4 keep talc particles from ascending through the 5 reproductive tract?</p> <p>6 MS. CURRY:</p> <p>7 Object to the form.</p> <p>8 A The system is designed --</p> <p>9 MS. THOMPSON:</p> <p>10 Q I didn't ask how the system is 11 designed.</p> <p>12 Would the approximation of the vaginal 13 walls prevent talc particles from ascending, or 14 any articles from ascending?</p> <p>15 A Outside of intercourse or inserting a 16 tampon, yes.</p> <p>17 Q But you would agree that inserting a 18 tampon or having intercourse would push the 19 particles through that reproductive tract?</p> <p>20 MS. CURRY:</p> <p>21 Object to the form.</p> <p>22 A As would -- as would a diaphragm or a 23 condom, yes.</p> <p>24 MS. THOMPSON:</p>	<p style="text-align: right;">Page 185</p> <p>1 transport of talc particles to the reproductive 2 system?</p> <p>3 A Well, it magically doesn't allow 4 E. coli.</p> <p>5 Q Did I ask about E. coli? I asked if 6 you had any literature or references that say the 7 mucus prevents particles from ascending through 8 the reproductive tract.</p> <p>9 A The articles that I cite here support 10 my argument.</p> <p>11 Q You're --</p> <p>12 A None of --</p> <p>13 Q You're suggesting those articles say 14 something to the effect that the mucus keeps talc 15 particles from ascending?</p> <p>16 A The system does. The system is 17 described here.</p> <p>18 Q That's not my question. Is the 19 cervical -- do you have any evidence whatsoever 20 that the cervical mucus prevents particles from 21 entering uterus, tubes, ovaries?</p> <p>22 A I have 30 years of experience.</p> <p>23 Q Did I ask you about experience?</p> <p>24 MS. CURRY:</p>

<p style="text-align: right;">Page 186</p> <p>1 You did, actually, in your question. 2 You said any evidence. 3 MS. THOMPSON: 4 I said evidence. Okay. 5 Q Any peer-reviewed literature or 6 articles? 7 A These articles that I cited demonstrate 8 that you have to use artificial measures to get 9 anything past the cervix. 10 Q Okay. 11 A Every single one of these uses 12 artificial means. 13 Q My question is: Do any of those 14 articles -- 15 And if you say they do, that's fine. I 16 just want an answer to my question. 17 Do any of those articles state in any 18 kind of words that the cervical mucus prevents 19 particles from entering the uterus from the 20 vagina? 21 A Not that I know of. 22 Q Okay. Let's -- 23 Have you ever heard of a uterine 24 peristaltic pump?</p>	<p style="text-align: right;">Page 188</p> <p>1 A My daughter does yoga. I've done yoga. 2 Q I haven't asked about your daughter 3 doing yoga, but that's great. 4 A I've done yoga. 5 Q And I think it's great that you do 6 yoga. 7 But you said those studies put women in 8 a natural position or something to that effect? 9 MS. CURRY: 10 Object to the form. 11 A What I said is that the positions that 12 are described in those articles are not typical 13 for a woman applying talc to her perineum after a 14 bath or a shower. 15 MS. THOMPSON: 16 Q And how do you know that? 17 A Well, I'm married. I have a wife. I 18 have a daughter. Taking care of women my whole 19 life, worked with women my whole life, so I guess 20 we talked. 21 Q Have you ever seen in the peer-reviewed 22 literature something to the effect that women 23 don't get into positions after they apply talcum 24 powder to their perineum?</p>
<p style="text-align: right;">Page 187</p> <p>1 A Yes. 2 Q What is it? 3 A It's where oxytocin causes the uterus 4 to contract and squeeze, so to speak, which can 5 result in the endometrium being ejected out of 6 the fallopian tubes, and it also helps the 7 endometrium being ejected out of the cervix. 8 Q And other particle substances as well; 9 correct? 10 MS. CURRY: 11 Object to the form. 12 A No. 13 MS. THOMPSON: 14 Q You've never seen anything that the 15 uterine peristaltic pump works in both directions 16 to move substances upwards and downwards through 17 the female reproductive tract? 18 A With -- with artificial measures, yes. 19 But not naturally, no. It's not a vacuum pump. 20 It's not a vacuum cleaner pump -- type pump. 21 Q And you've already said that women do 22 get in yoga positions that you consider -- what 23 was the word? A contrived position or something 24 like that?</p>	<p style="text-align: right;">Page 189</p> <p>1 A No. 2 Q Have you ever asked patients what 3 positions they get into after they apply talcum 4 powder to their perineum? 5 A No. 6 Q And we already said that oxytocin is 7 regularly produced in women to elicit 8 contractions of the uterus; correct? 9 MS. CURRY: 10 Object to the form. 11 A Correct. 12 MS. THOMPSON: 13 Q You also stated that water and sand do 14 not move up the female reproductive tract. Do 15 you have any medical literature that supports 16 that opinion? 17 A No. But, growing up on the Gulf Coast, 18 I've seen a lot of girls, young ladies, and women 19 jump into water, and they don't seem to get a 20 pelvis full of saltwater. 21 Q But my question to you, is there any 22 medical literature to support that? The answer 23 is no? 24 A Well, I'm not sure that's a subject</p>

<p>Page 190</p> <p>1 that would be well deserving of a randomized 2 study.</p> <p>3 Q So this is something else that's based 4 on -- and solely on your 30 years of experience; 5 correct?</p> <p>6 MS. CURRY:</p> <p>7 Object to the form.</p> <p>8 A That -- that is based on 64 years of 9 experience, because I've seen girls jumping into 10 the pool since I was a little kid.</p> <p>11 MS. THOMPSON:</p> <p>12 Q Have you ever asked a woman if sand or 13 water has entered her vagina when she's at the 14 beach?</p> <p>15 A I would -- that would be a rude 16 question in the south.</p> <p>17 Q But you never have asked it; right?</p> <p>18 A No.</p> <p>19 Q You've just assumed it; right?</p> <p>20 A Well, it doesn't get into the pelvis. 21 It may get into the vagina.</p> <p>22 Q And how do you know that it doesn't get 23 into the pelvis?</p> <p>24 It wasn't meant to be a funny question.</p>	<p>Page 192</p> <p>1 literature to support that opinion; correct?</p> <p>2 A Well, I've never seen sand on anyone 3 I've operated on. I've never seen sand in their 4 pelvis. And you would think out of 10,000 5 operations and all these women living on the Gulf 6 Coast, that sand would be visible when I operate.</p> <p>7 Does it magically disappear?</p> <p>8 Q You say you can see a sand particle?</p> <p>9 A I could see a sand particle. Yes, I 10 can.</p> <p>11 Q Have you reviewed Dr. Godleski's 12 reports of his examination of tissue from these 13 plaintiffs?</p> <p>14 A I did a while back. I don't remember 15 specifics. But I'd be happy to look at it again.</p> <p>16 Q Well, we'll look at it when we talk 17 about Miss Carl.</p> <p>18 Would you be surprised if Dr. Godleski, 19 in addition to talc and asbestos, finds sand and 20 numerous other particles in the tissues that are 21 removed surgically?</p> <p>22 MS. CURRY:</p> <p>23 Object to the form.</p> <p>24 A Well, it's common to have contaminants</p>
<p>Page 191</p> <p>1 I'm just trying to find the basis for your 2 opinions.</p> <p>3 A You've got me at a loss of words.</p> <p>4 Q Have you ever performed a survey of 5 your patients that asked them if they've ever 6 noticed sand and water entering their vagina?</p> <p>7 A That's a good idea. I may have to do 8 that.</p> <p>9 Q And you yourself have never experienced 10 sand or water entering your vagina; right?</p> <p>11 MS. CURRY:</p> <p>12 Object to the form.</p> <p>13 A Not my vagina.</p> <p>14 MS. THOMPSON:</p> <p>15 Q I'll agree with that one, too. Because 16 I think women would say it's a given. But you 17 disagree with that; correct?</p> <p>18 MS. CURRY:</p> <p>19 Objection.</p> <p>20 A I did not disagree with that. What 21 I've said was sand and water does not enter the 22 pelvis, the female pelvis.</p> <p>23 MS. THOMPSON:</p> <p>24 Q But you have no evidence in the medical</p>	<p>Page 193</p> <p>1 in a pathology lab, so nothing would surprise me.</p> <p>2 Pathology labs are filthy. They're absolutely 3 filthy. So nothing would surprise me, to find 4 anything in a specimen.</p> <p>5 MS. THOMPSON:</p> <p>6 Q And it wouldn't surprise you to find 7 those particles in the interior of a lymph node?</p> <p>8 A No. Anything's possible in a path lab. 9 They're full of dirt.</p> <p>10 Q So -- and are you saying that 11 Godleski's findings are totally contamination 12 from lab?</p> <p>13 MS. CURRY:</p> <p>14 Object to the form.</p> <p>15 A Well, not only lab but the lack of 16 chain of custody is demonstrated throughout the 17 world of surgery. There's very little chain of 18 custody with specimens. So it could be 19 contaminants in the path lab. It could be 20 sitting in a closet. We have it sitting in a 21 closet overnight.</p> <p>22 MS. THOMPSON:</p> <p>23 Q And you believe that it's more likely 24 that those particles that are found in tissue by</p>

<p style="text-align: right;">Page 194</p> <p>1 numerous authors and researchers, including FDA, 2 are more likely from contamination in the path 3 lab or lack of chain of custody rather than the 4 obvious, that they enter through the female 5 reproductive tract?</p> <p>6 A Yes.</p> <p>7 Q Do you have any literature, medical 8 articles, that say that particles that are found 9 in the female reproductive ovaries, lymph nodes, 10 all tissue, do not occur from passages of 11 particles through the reproductive tract?</p> <p>12 MS. CURRY:</p> <p>13 Object to the form.</p> <p>14 A I'd have to -- I'd have to look at all 15 the literature I've reviewed. I don't recall 16 offhand.</p> <p>17 MS. THOMPSON:</p> <p>18 Q You don't recall one offhand that would 19 say that; right?</p> <p>20 A I actually do recall. I just can't 21 remember the authors. I do recall seeing 22 articles written on contamination. Yes. I just 23 don't recall the authors.</p> <p>24 Q Okay. Well, you could get those to me,</p>	<p style="text-align: right;">Page 196</p> <p>1 that are dirty from your 30 years' experience?</p> <p>2 A I've been in a lot of labs that are 3 dirty from my 30-plus years of experience.</p> <p>4 Every -- I would say every week I'm down in the 5 pathology lab on a weekly basis.</p> <p>6 Q I'm sure you are. And you see all the 7 dirt and sand and asbestos and talc in the lab; 8 correct?</p> <p>9 MS. CURRY:</p> <p>10 Object to the form.</p> <p>11 A I just see that they're filthy. It's 12 no offense to them. They just don't need to be 13 sterile like an operating room. I'm not trying 14 to offend any pathologist. But they're filthy.</p> <p>15 MS. THOMPSON:</p> <p>16 Q Okay. Let's -- I want to talk a little 17 bit more about this opinion that the cervix is 18 most certainly closed. Okay?</p> <p>19 A Sure.</p> <p>20 Q You do say that --</p> <p>21 Well, there -- there are lots of 22 intrauterine procedures that are done through the 23 cervix; correct?</p> <p>24 A Correct.</p>
<p style="text-align: right;">Page 195</p> <p>1 too, because I don't have them either.</p> <p>2 Do you have any medical literature that 3 said if you see particles in tissue, that it 4 would be a problem with the chain of custody?</p> <p>5 MS. CURRY:</p> <p>6 Object to the form.</p> <p>7 A I would have to look at the literature. 8 My point there was that the chain -- there's very 9 little control over a specimen during the chain 10 of custody where the specimen is moved from the 11 operating table to a bucket, to another 12 container, to a closet, then into the path lab. 13 There's -- there's a whole bunch of points in 14 that transport where it can get contaminated. 15 It's not just the path lab.</p> <p>16 MS. THOMPSON:</p> <p>17 Q And, but you cannot give me a cite 18 towards a peer-reviewed article that would state 19 that?</p> <p>20 A Not right now, no.</p> <p>21 Q Are you a pathologist?</p> <p>22 A No.</p> <p>23 Q Do you know the lab protocols? Or 24 you're just saying you've been in a lot of labs</p>	<p style="text-align: right;">Page 197</p> <p>1 Q That would include IUD insertion?</p> <p>2 A Right.</p> <p>3 Q Endometrial biopsies?</p> <p>4 A Right.</p> <p>5 Q HSG?</p> <p>6 A Yes.</p> <p>7 Q And you would agree that most of the 8 time these procedures don't require cervical 9 dilation; correct?</p> <p>10 A Correct, yes.</p> <p>11 Q And particularly in parous -- 12 reproductive women.</p> <p>13 A Right.</p> <p>14 Q Women of reproductive age is what I 15 meant by that.</p> <p>16 A Yes.</p> <p>17 Q What is the diameter of the 18 endocervical canal?</p> <p>19 A I don't know offhand.</p> <p>20 Q If the medical literature said 7 to 8 21 millimeters, would you disagree with that?</p> <p>22 A I would definitely disagree with that.</p> <p>23 Q Well, I believe you testified before 24 that you could not find a graphic that was</p>

Page 198 1 consistent with your views of it being a closed 2 system. Is that still the case? 3 A Yes. Because the graphics that are 4 drawn are drawn in sort of a cartoonish way to 5 demonstrate anatomy. 6 Q I could not find any diagram that would 7 fit with your description either. I found a lot 8 of diagrams of cervical anatomy. This is an 9 example from the Cleveland Clinic we'll mark as 10 Exhibit 16. 11 (PLAINTIFF'S EXHIBIT NUMBER 16 12 WAS MARKED FOR IDENTIFICATION.) 13 MS. THOMPSON: 14 Q Do you think this diagram is 15 inaccurate? 16 A It's a -- it's a re- -- like many that 17 I've seen, it's a reasonable way to demonstrate 18 the anatomy. But the first thing I notice is 19 that the vagina is open, and the vagina -- the 20 vaginal walls are not separated. They're -- 21 they're right next to each other. 22 Q Well, it doesn't show that -- 23 It's -- 24 You don't have a front wall of the	Page 200 1 smaller -- 2 MS. THOMPSON: 3 Q I did not ask about E. coli. I asked 4 about talc particles. 5 A E. coli is smaller than a talc 6 particle. 7 Q Does it keep talc particles out, that 8 you're aware of? 9 A It does. 10 Q What is your basis for that opinion -- 11 A Because I don't -- 12 Q -- besides your experience? 13 A Well, I don't see inflammation in the 14 fallopian tube, and most women are not infertile. 15 If talc was getting into the tubes and if it 16 caused inflammation, it would block the tubes. 17 It would cause adhesions. 18 Q But you still have no literature that 19 you can direct me to that would indicate mucus 20 keeps talcum particles out of the cervix; 21 correct? 22 A The fact that the majority of the 23 population is not infertile tells us that talc 24 particles are not making it up there and causing
Page 199 1 vagina in the sagittal section. 2 A This -- this demonstrates the front 3 wall of the vagina, which is right below the 4 bladder, and the posterior wall of the vagina, 5 and there's -- there's a space between them. And 6 it's drawn that way to demonstrate the anatomy. 7 But, in reality, there is no space, if -- there 8 is no space between them, unless you insert 9 something. 10 Q Well, let's look at the cervix. It 11 would be very easy for this diagram to show the 12 cervix being closed; correct? 13 A It would. But it wouldn't demonstrate 14 that there's a canal there. 15 Q Well, if there's a canal, it's not 16 closed. 17 A It's a canal full of thick mucus, which 18 closes it off. 19 Q Okay. And we've already established 20 that you have not given us a basis for mucus 21 keeping talc particles out; correct? 22 MS. CURRY: 23 Objection. 24 A Well, it keeps E. coli out, which is	Page 201 1 inflammation. 2 Q And that's what you're using for your 3 basis as to the cervix keeps talc particles out? 4 A Yes. 5 Q All right. And I'll give you something 6 else. 7 A Well, in addition to these -- in 8 addition to these literature that I cited and 9 mentioned earlier that says that every single one 10 of them had to use artificial circumstances to 11 get the particles beyond the cervix. 12 Q Yes. And we've already discussed that. 13 A So it's both of them. 14 Q And I have a literature that indicates 15 that the endocervical canal is 7 to 8 16 millimeters. So I'm gonna just tell you that 17 that's -- that's just for a hypothetical. 18 MS. CURRY: 19 Object to the form. 20 A That's not what I see. 21 MS. CURRY: 22 Object to the form. 23 I'm sorry. What was the question? 24 MS. THOMPSON:

Page 202 1 The question is I asked him if he knew 2 the diameter of the cervix, and he said no. And 3 I have literature that says it's 7 to 8 4 millimeters. 5 MS. CURRY: 6 Is that your testimony? 7 MS. THOMPSON: 8 I was gonna ask him a question with an 9 assumption, but I can ask -- 10 MS. CURRY: 11 Oh. I was waiting for the question. 12 That's all I was waiting for. That can be a 13 built-in assumption. I just didn't hear a 14 question after the assumption. 15 MS. THOMPSON: 16 Q If the medical literature says that the 17 diameter of the endocervix is 7 to 8 millimeters, 18 would you have any basis to disagree with that? 19 A That's not what I see on a daily basis. 20 When I try to get a Pipelle into a cervix, many 21 times it's a struggle. A Pipelle is 2 or 3 22 millimeters. 23 Q Would you have any medical literature 24 that would contradict the 7- to 8-millimeter	Page 204 1 SurePath -- 2 Q Okay. 3 A -- where I am now. 4 Q But you're familiar with the 5 ThinPath -- ThinPrep technique for pap smear; 6 correct? 7 A Yes. That's actually what -- the 8 transport media that we used in our research. 9 Q Okay. And 90 percent of practitioners 10 use ThinPrep now. Would you -- 11 A Correct. 12 Q -- disagree with that? 13 Okay? 14 (PLAINTIFF'S EXHIBIT NUMBER 17 15 WAS MARKED FOR IDENTIFICATION.) 16 MS. THOMPSON: 17 Q We'll mark as Exhibit 17 -- this is the 18 reference guide for obtaining a pap smear with 19 the endocervical technique. Would you agree that 20 this is what's provided by ThinPath -- ThinPrep 21 for obtaining a pap smear with ThinPrep? 22 A Yes. 23 Q And I actually found dimensions of the 24 endocervical brush that's used with the ThinPrep
Page 203 1 endocervical canal? 2 A I would have to look. 3 Q That's what I found, so I'd be 4 surprised if you find something, but you please 5 look and provide that to me. 6 You mentioned that -- 7 What's the smallest -- the diameter of 8 the smallest Hegar dilator, the very smallest, 9 the tiny one? 10 A I would say maybe 1.5 millimeters or -- 11 I don't know. It's -- I believe they're listed 12 in French. 13 Q They are. But French -- 14 A Converts. 15 Q -- converts, yes. 16 If I told you 3.5 millimeters is the 17 smallest Hegar dilator, would you disagree with 18 that? 19 A I would not disagree with that. 20 Q Okay. And you also talked about using 21 an endocervical brush for a pap smear; right? 22 A Yes. 23 Q Do you use ThinPrep? 24 A I did in my old practice. We use	Page 205 1 system. Would you have any -- 2 And this we'll mark as Exhibit 18. 3 (PLAINTIFF'S EXHIBIT NUMBER 18 4 WAS MARKED FOR IDENTIFICATION.) 5 MS. THOMPSON: 6 Q Would you have any reason to disagree 7 with the dimensions provided by ThinPrep? 8 A No. 9 Q So the -- the diameter of the actual 10 brush is 7 millimeters. Would you disagree with 11 that? 12 A That's correct. 13 Q And the length of the brush is 20 14 millimeters. Would you disagree with that? 15 A No. 16 Q And the instructions for use for 17 ThinPrep do recommend that you insert the brush 18 all the way into the endocervical canal; correct? 19 A Correct. 20 Q And I'll go back to the medical 21 literature. You would agree that the 22 endocervical -- endocervix is described as a 23 canal; correct? 24 A Correct.

<p style="text-align: right;">Page 206</p> <p>1 Q Oftentimes as a tunnel; correct?</p> <p>2 A Yes.</p> <p>3 Q And I've also seen in the medical literature the cervix described as a doughnut.</p> <p>4 5 Correct?</p> <p>6 A Yes.</p> <p>7 Q But that, in your opinion, would be a 8 doughnut that's closed, a hole -- a doughnut 9 without a hole.</p> <p>10 A I didn't say that. It's closed off 11 with mucus is what I said.</p> <p>12 Q Okay. So it would be --</p> <p>13 A It has a mucus-filled plug.</p> <p>14 Q -- a cream-filled doughnut.</p> <p>15 A It has a -- it has a -- it has a mucus 16 plug, which I think most people have heard of.</p> <p>17 Q Yeah. But you don't have any problem 18 getting your endocervical brush into the -- 19 through the mucus, do you?</p> <p>20 A No. And the mucus comes out with it.</p> <p>21 Q Yeah. Sure. I know that.</p> <p>22 But you don't have trouble inserting 23 the brush because there's mucus there; correct?</p> <p>24 A Not at all.</p>	<p style="text-align: right;">Page 208</p> <p>1 A Many times you do. I would argue 2 you --</p> <p>3 I mean, I can't see into the uterus, if 4 that's what you're saying.</p> <p>5 Q Okay.</p> <p>6 A You should be able to see through a 7 7-millimeter hole.</p> <p>8 Q I'm going to ask you to do some math.</p> <p>9 If you want to use a calculator, you can, or else 10 we'll have Ryan do the math on his. Would you be 11 okay with that?</p> <p>12 MS. CURRY:</p> <p>13 I'm going to object to that.</p> <p>14 MS. THOMPSON:</p> <p>15 To doing math?</p> <p>16 MS. CURRY:</p> <p>17 Yes.</p> <p>18 MS. THOMPSON:</p> <p>19 To Ryan doing it or to me asking the 20 question?</p> <p>21 MS. CURRY:</p> <p>22 We'll see what the question is and how 23 complicated it is. But if it requires a 24 calculator --</p>
<p style="text-align: right;">Page 207</p> <p>1 Q So we're not talking about some kind of 2 thick goo.</p> <p>3 A It's pretty thick, but it's certainly 4 easily done with a pap smear.</p> <p>5 Q It can be thicker or thinner in some 6 women --</p> <p>7 A Yes.</p> <p>8 Q -- and some women don't have very much 9 mucus at all; correct?</p> <p>10 A Right.</p> <p>11 Q So I enlarged figure 3. And we're 12 gonna do some math. Okay?</p> <p>13 A Okay.</p> <p>14 (PLAINTIFF'S EXHIBIT NUMBER 19</p> <p>15 WAS MARKED FOR IDENTIFICATION.)</p> <p>16 MS. CURRY:</p> <p>17 Figure 3 from what?</p> <p>18 MS. THOMPSON:</p> <p>19 The last exhibit, the third figure 20 down, showing the endocervical brush in the 21 canal.</p> <p>22 Q And these figures certainly don't show 23 the cervix closed, that you have to break it open 24 to put in an endocervical brush, do they?</p>	<p style="text-align: right;">Page 209</p> <p>1 MS. THOMPSON:</p> <p>2 Okay. It's going to call for a 3 calculator, but I don't know what the objection 4 would be to it.</p> <p>5 MS. CURRY:</p> <p>6 Well, I just want to see exactly --</p> <p>7 MS. THOMPSON:</p> <p>8 Q We are going to calculate --</p> <p>9 We can draw it on the exhibit. We're 10 gonna calculate the volume of the brush in the 11 endocervical canal. Okay?</p> <p>12 Now, you say there's mucus, but you've 13 displaced the mucus with the brush; correct?</p> <p>14 A Right. And I still can't see through 15 it. I still can't see through the canal.</p> <p>16 Q Okay. Just go with my questions, if 17 you can.</p> <p>18 A Seven millimeters, I should be able to 19 see.</p> <p>20 Q So about 20 millimeters here, the 21 length. We've got 7.5, the diameter. And I will 22 represent to you that the formula for calculating 23 that volume here is π, 3.14 --</p> <p>24 I bet you remember that.</p>

1 A I do. 2 Q -- times the radius squared. 3 A Okay. 4 MR. BEATTIE: 5 Times the height. 6 MS. THOMPSON: 7 Q And then times the height. I was going 8 to do it in segments. Okay. 9 Would you disagree with that formula -- 10 A That's a fair -- 11 Q -- calculating the volume of the 12 cylinder? 13 A That's a fair statement. 14 Q And the -- if we use 7 millimeters, 15 which, conveniently, is the diameter of the brush 16 and what's in the medical literature as the 17 diameter of the cervical endocervix and multiply 18 that to get the volume, it would come to -- 19 Ryan? 20 MR. BEATTIE: 21 Well, we have to change it to microns 22 first. 23 MS. THOMPSON: 24 Q So we have to change it to microns, so	Page 210 1 Q Okay. And you'll agree that talc and 2 asbestos come in different shapes; right? 3 A They do. 4 Q They could be fiber or needlelike. 5 MS. CURRY: 6 Object to the form. 7 A I -- I'm -- to be honest with you, I'm 8 gonna defer to a mineralogist on the shapes and 9 the -- 10 MS. THOMPSON: 11 Q Okay. But they -- 12 A Anything -- 13 Q You do know they come in different 14 shapes, and they can come in fibers; correct? 15 A I've -- I've -- I've read that. 16 Q Do you know that much? 17 A I've read that, yes. 18 MS. CURRY: 19 You guys are talking over each other. 20 I'm sure that the court reporter is not happy. 21 MS. THOMPSON: 22 I'm sorry. We'll try to do better. 23 Q Okay. So we are going to convert -- 24 You've already agreed to the formula
Page 211 1 we're going to multiply it by a thousand. Does 2 that millimeter -- 3 Just follow along. If you can't 4 understand it, just say "I don't understand it." 5 But we're going to do it. 6 MS. CURRY: 7 I'm going to object to this entire 8 question. 9 MS. THOMPSON: 10 Q Okay. How big is a talc particle? 11 You've testified to that before. 12 A I think it's 5 microns. 13 Q It's 5 microns. And how many microns 14 are in a millimeter? 15 A I'd have to look that up. 16 Q Does a thousand sound right? 17 A I would have to look that up. But I 18 trust you. 19 Q Okay. All right. Let's say it is. 20 And the average talc particle is 5 21 microns. I'll agree with you on that, so you 22 don't have to look that up. 23 A Well, I just want to remind myself of 24 something. Go ahead. I'm listening.	Page 212 1 for a cylinder. We're going to convert the 2 millimeters to microns. That's not difficult; 3 correct? 4 MS. CURRY: 5 Object to the form. 6 MS. THOMPSON: 7 Q Did you hear my question? 8 A Yes. 9 Q That's not difficult to convert microns 10 to millimeters. 11 A Proceed. 12 Q Okay. And so the volume of that 13 endocervical canal where you place your brush for 14 a pap smear would be -- 15 Ryan? 16 MR. BEATTIE: 17 What's the -- 18 MS. THOMPSON: 19 The volume of the cylinder in microns. 20 MR. BEATTIE: 21 It's 700 -- well, it's the 769 billion. 22 MS. THOMPSON: 23 Q So it's 769 billion -- 24 A Okay.

<p>1 Q -- microns.</p> <p>2 MS. CURRY:</p> <p>3 Objection. Counsel should not be 4 testifying, doing math problems, and saying what 5 the figures are here.</p> <p>6 MS. THOMPSON:</p> <p>7 I asked him if he wanted to do it 8 himself. You're welcome to take out your 9 calculator and do these yourself. So far he 10 hasn't disagreed with any of the method for 11 calculating. I was just offering to do the --</p> <p>12 A E. coli is 2 microns.</p> <p>13 MS. THOMPSON:</p> <p>14 Q Okay. We're talking about talc that's 15 average 5 microns now, though.</p> <p>16 A So E. coli's smaller.</p> <p>17 Q You don't even know what I'm asking 18 you. I'm just asking you -- I've asked you so 19 far the volume of the where you put your 20 endocervical --</p> <p>21 I hope you're not putting E. coli in 22 with your cervical brush. And so --</p> <p>23 And then we're going to divide that by 24 5, because particles are 5 microns. Correct?</p>	<p>Page 214</p> <p>1 particles of talc in this volume of the 2 endocervix. And are you saying that that cervix 3 is closed so that you couldn't get one single 4 particle through it?</p> <p>5 MS. CURRY:</p> <p>6 Continuing objection to this line of 7 questioning.</p> <p>8 A I'm just curious why E. coli doesn't 9 get through there, because it lives in that area.</p> <p>10 MS. THOMPSON:</p> <p>11 Q Well, E. coli does get through. Women 12 get PID, don't they?</p> <p>13 A PID is a sexually transmitted disease.</p> <p>14 So, I mean, sexually transmitted diseases have 15 evolved over millions of years to be carried up 16 with the sperm. I don't know that talc is 17 evolving as fast as STDs. I just don't know.</p> <p>18 Q All right. But you will agree that in 19 that volume of the cervix, you, using the average 20 size of a talc particle, you would have 154 21 billion particles.</p> <p>22 MS. CURRY:</p> <p>23 Objection.</p> <p>24 A And I would argue that I should be able</p>
<p>1 A Correct.</p> <p>2 MS. CURRY:</p> <p>3 Object to the form.</p> <p>4 MS. THOMPSON:</p> <p>5 Q Do you know how many talc particles you 6 could fit in this volume of the cervix that you 7 used when you used an endocervical brush for a 8 pap smear?</p> <p>9 A No.</p> <p>10 MS. CURRY:</p> <p>11 Object to the form.</p> <p>12 MS. THOMPSON:</p> <p>13 Q Do you want to calculate it yourself?</p> <p>14 A Hmm.</p> <p>15 Q I mean using the formula.</p> <p>16 A Sure. I'll do that.</p> <p>17 Q Okay. All right. You just let me know 18 what information you need.</p> <p>19 A Well, I'll pass. You go ahead.</p> <p>20 Q Okay.</p> <p>21 MS. THOMPSON:</p> <p>22 Ryan, we can see if we get the same 23 numbers.</p> <p>24 Q But that would be 153,860,000,000</p>	<p>Page 215</p> <p>1 to see inside the uterus through 7 millimeters, 2 because I can see the Mobile River through 7 3 millimeters.</p> <p>4 MS. THOMPSON:</p> <p>5 Q Okay. I'll move on.</p> <p>6 A So I just can't see through --</p> <p>7 I can't see the endometrium.</p> <p>8 Q But your testimony is that, in your 9 opinion, a 5-micron talc particle cannot get 10 through the cervical barrier because it is most 11 certainly closed. Is that your testimony?</p> <p>12 A Closed with mucus. Yes, that's my 13 testimony. Closed with a thick mucus that 14 protects the female reproductive tract.</p> <p>15 Q And that doesn't allow a talc particle 16 to go through?</p> <p>17 A It protects the reproductive tract from 18 all foreign bodies, with the exception of STDs.</p> <p>19 Q And do you know of any literature to 20 that effect?</p> <p>21 A Well, again, going back to these 22 articles that I've cited --</p> <p>23 Q Those are -- we already determined 24 those articles don't say that the cervix keeps</p>

Page 218	Page 220
<p>1 the particles out, because those articles say 2 particles get through.</p> <p>3 A But they had to use artificial 4 conditions in every single one of them to do 5 that.</p> <p>6 Q But any of those particles --</p> <p>7 MS. CURRY:</p> <p>8 Please just stop cutting him off.</p> <p>9 Also, wait until she's finished with 10 the question, and then respond. And please wait 11 until he's done.</p> <p>12 MS. THOMPSON:</p> <p>13 Q Did any of those articles say the 14 particles got through because they used 15 artificial conditions? Did any of them say that?</p> <p>16 A The artificial conditions are 17 described. Monkeys were strapped to a cross.</p> <p>18 Q I didn't --</p> <p>19 A The pelvis was elevated to 25 to 30 20 degrees, head down and pelvis up. The legs were 21 held to the knees, bent, with a Velcro strap.</p> <p>22 Each of the monkeys was injected with an 23 artificial, produced talc slurry. Once a week -- 24 once a week the monkeys were injected with ten</p>	<p>1 mesothelioma.</p> <p>2 MS. THOMPSON:</p> <p>3 Q Is it causative for malignant 4 mesothelioma?</p> <p>5 A I believe it is. And I believe it's 6 causative of peritoneal mesothelioma.</p> <p>7 Q But you have no idea how the asbestos 8 gets to the perineum; right?</p> <p>9 A Right.</p> <p>10 Q You know how it gets to the lung and 11 pleura; correct?</p> <p>12 A Through patients breathing it in? Yes.</p> <p>13 Q What else?</p> <p>14 MS. CURRY:</p> <p>15 Objection.</p> <p>16 A In my opinion, it's not related to a 17 cancer of the ovary.</p> <p>18 MS. THOMPSON:</p> <p>19 Q That's something you know about 20 asbestos?</p> <p>21 A Yes.</p> <p>22 Q But you would agree with me that IARC 23 does say it's related to cancer of the ovary; 24 correct?</p>
Page 219	Page 221
<p>1 units of oxytocin.</p> <p>2 I'm sorry. That's not like a woman 3 sprinkling talcum powder on her perineum. I will 4 not agree to that.</p> <p>5 MS. THOMPSON:</p> <p>6 Okay. I'm going to move to strike all 7 the testimony.</p> <p>8 Q And we can move through this a lot 9 easier if you'll listen to my question and answer 10 my question.</p> <p>11 My question was: Did any of the 12 articles state that the only reason particles got 13 through was because they put women in artificial 14 positions?</p> <p>15 A No.</p> <p>16 MS. CURRY:</p> <p>17 Object to the form.</p> <p>18 MS. THOMPSON:</p> <p>19 Q All right. I'll move to another topic.</p> <p>20 Tell me everything you know about 21 asbestos.</p> <p>22 MS. CURRY:</p> <p>23 Object to the form.</p> <p>24 A I know that it's related to thoracic</p>	<p>1 A Based on studies that were done on 2 death certificates, yes, they do state that.</p> <p>3 Q Okay.</p> <p>4 A But it's -- I think they're going to 5 overturn that next time they meet.</p> <p>6 Q How confident are you of that?</p> <p>7 A Very.</p> <p>8 Q What would happen to your opinions -- 9 Would they change if IARC determines 10 that the perineal use of talcum powder causes 11 ovarian cancer?</p> <p>12 A I'd have to see their monograph and 13 what data it's based on. The data that they 14 cited for talc was prior -- 2006 and prior. So 15 that data's almost 20 years old.</p> <p>16 Q Okay.</p> <p>17 A So I'd have to see the studies that 18 they cite.</p> <p>19 Q Okay. Well, let's stay with asbestos.</p> <p>20 What else do you know about asbestos?</p> <p>21 A Very little. I'm not really gonna 22 opine on asbestos for their...</p> <p>23 Q So you're going to defer to whom for 24 your -- for any opinions about asbestos?</p>

<p>1 MS. CURRY: 2 Object to the form. 3 A I would say a mineralogist or an 4 epidemiologist. I'm just not going to opine on 5 asbestos. 6 MS. THOMPSON: 7 Q Other than that it doesn't cause 8 ovarian cancer? 9 A Right. It does not --- 10 Q That's the one opinion that you're 11 willing to give about asbestos? 12 A Well, I'm a gynecologic oncologist. I 13 ought to know the risk factors for ovarian 14 cancer, and asbestos is not one of them. 15 Q Do you know the mechanism as to how 16 asbestos causes cancer of any kind? 17 MS. CURRY: 18 Object to the form. 19 A I don't. 20 MS. THOMPSON: 21 Q Do you know the different types of 22 asbestos? 23 A I do not. I've read about them, but I 24 can't recite them.</p>	<p>Page 222</p> <p>1 A I'm really not gonna opine on asbestos 2 outside of what I said. 3 MS. THOMPSON: 4 Q Okay. Do you know? 5 A What's the question, again? 6 Q What other types of cancers have been 7 linked to asbestos? 8 A Oh. Not really, no. That's really not 9 part of my practice. 10 Q Yeah. And I didn't ask if it was a 11 part of your practice. I was just asking if you 12 knew. 13 A It's -- 14 My practice is gynecologic oncology, 15 and I can opine on things related to that, but -- 16 Q Okay. But you are a physician; 17 correct? 18 A I am. 19 Q All right. So just asking the question 20 to see what your knowledge base is. 21 Do you know when asbestos was first 22 identified as a carcinogen? 23 MS. CURRY: 24 Objection. Lack of foundation.</p> <p>Page 224</p>
<p>1 Q Have you seen any Johnson & Johnson 2 documents as to the presence of asbestos in 3 talcum powder? 4 A No. 5 Q Have you seen any Johnson & Johnson 6 documents as to whether asbestos causes ovarian 7 cancer? 8 A I have not. 9 Q Do you know what types of asbestos are 10 in Johnson's Baby Powder? 11 MS. CURRY: 12 Object to the form. Lacks foundation. 13 MS. THOMPSON: 14 Q Do you know which types are 15 carcinogenic? 16 A I do not. 17 Q Do you know what conditions have been 18 linked to asbestos? 19 A No. 20 Q Do you know other cancers besides 21 pleural mesothelioma that have been linked with 22 asbestos exposure? 23 MS. CURRY: 24 Object to the form.</p>	<p>Page 223</p> <p>1 A I don't. 2 MS. THOMPSON: 3 Q Do you know what morphology asbestos 4 appears in? 5 MS. CURRY: 6 Objection. 7 A I don't. 8 MS. THOMPSON: 9 Q Do you know the definition of a fiber? 10 A To be honest with you, I've read a 11 little bit about these things, but I didn't 12 retain much. It's really not my area of 13 expertise. 14 Q Okay. Do you know what aspect ratio 15 means? 16 A No. 17 Q Do you know the definition of an 18 asbestiform habit? 19 A No. 20 Q Do you know what a cleavage fragment 21 is? 22 A No. 23 Q Do you know what IARC says about 24 fibrous talc?</p> <p>Page 225</p>

<p style="text-align: right;">Page 226</p> <p>1 A Again, the -- the description at 2 a microscopic level, I'm gonna leave that up to a 3 mineralogist.</p> <p>4 Q Do you think a mineralogist can explain 5 the molecular actions of asbestos?</p> <p>6 MS. CURRY:</p> <p>7 Object to the form. Calls for 8 speculation.</p> <p>9 A I don't know.</p> <p>10 MS. THOMPSON:</p> <p>11 Q Has any agency identified a safe level 12 of asbestos exposure?</p> <p>13 MS. CURRY:</p> <p>14 Object to the form.</p> <p>15 MS. THOMPSON:</p> <p>16 Q To your knowledge.</p> <p>17 A Well, asbestos is ubiquitous in the 18 environment. I do remember IARC saying that. 19 It's present throughout the environment. So 20 there must be some safe level.</p> <p>21 Q Listen to my question, please.</p> <p>22 Has any agency identified a safe level 23 of asbestos?</p> <p>24 MS. CURRY:</p>	<p style="text-align: right;">Page 228</p> <p>1 Please don't speculate.</p> <p>2 A That's just not a term I use in my 3 practice, so I -- I don't know.</p> <p>4 MS. THOMPSON:</p> <p>5 Q Are you familiar with the term of 6 elongate mineral particle?</p> <p>7 A No.</p> <p>8 Q Do you know anything about health 9 effects of elongate mineral particles?</p> <p>10 MS. CURRY:</p> <p>11 Object to the form.</p> <p>12 A No.</p> <p>13 MS. THOMPSON:</p> <p>14 Q How does asbestos interact with DNA and 15 chromosomes?</p> <p>16 A I don't know.</p> <p>17 Q What is the importance of fiber length?</p> <p>18 MS. CURRY:</p> <p>19 Of what?</p> <p>20 MS. THOMPSON:</p> <p>21 Fiber length.</p> <p>22 A Fiber length. That's a good question.</p> <p>23 MS. CURRY:</p> <p>24 Object to the form. Lack of</p>
<p style="text-align: right;">Page 227</p> <p>1 Object to the form.</p> <p>2 A Not that I know of.</p> <p>3 MS. THOMPSON:</p> <p>4 Q How is testing for asbestos performed?</p> <p>5 MS. CURRY:</p> <p>6 Object to the form. Lack of 7 foundation.</p> <p>8 A I don't know.</p> <p>9 MS. THOMPSON:</p> <p>10 Q What is the J41 method for asbestos 11 testing?</p> <p>12 A I don't know.</p> <p>13 MS. CURRY:</p> <p>14 Objection. Lack of foundation.</p> <p>15 MS. THOMPSON:</p> <p>16 Q What is an EMP?</p> <p>17 A I don't know.</p> <p>18 Q What does EMP stand for?</p> <p>19 MS. CURRY:</p> <p>20 Objection. Lack of foundation.</p> <p>21 A Um, I would have to guess.</p> <p>22 MS. THOMPSON:</p> <p>23 Q What's your guess?</p> <p>24 MS. CURRY:</p>	<p style="text-align: right;">Page 229</p> <p>1 foundation.</p> <p>2 A I don't really know.</p> <p>3 MS. THOMPSON:</p> <p>4 Q Anyone need a break?</p> <p>5 A No. I just had a message from the 6 hospital. It can wait.</p> <p>7 Q Well, we're in between sections, if you 8 want.</p> <p>9 A I can check it, at least. Go off the 10 record for a minute.</p> <p>11 (OFF THE RECORD.)</p> <p>12 MS. THOMPSON:</p> <p>13 Q I have a couple of questions just 14 relating to general opinions, and then we'll go 15 ahead and get to Brandi Carl's case, if that's 16 okay.</p> <p>17 When you had looked at the case-control 18 studies, you testified in the past that you 19 consider any of the case control that show an 20 increase that's not statistically significant as 21 indicating that there's no association. Is 22 that --</p> <p>23 A That's corr- --</p> <p>24 Q -- still your opinion?</p>

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1 A That is correct. 2 Q And do you understand that that opinion 3 is not consistent with current thinking in the 4 field of epidemiology? 5 MS. CURRY: 6 Object to the form. 7 A Statistical significance is present -- 8 it's throughout the literature, in everything 9 published. So my opinion is based on current 10 publications of data that I read in journal 11 articles throughout the literature that reference 12 odds ratios and confidence intervals. So if that 13 deviates from epidemiologists -- 14 And I know at the most recent trial -- 15 Well, yes, I'm aware of that. 16 MS. CURRY: 17 You've answered the question. 18 MS. THOMPSON: 19 Q You can finish your question. And that 20 would be Dr. Rothman; right? 21 A Yes. 22 Q And do you know that hundreds of other 23 epidemiologists have signed on to statistical 24 significance does not mean that there's not an	1 that because of the lack of statistical 2 significance, that their findings of increased 3 risks are insignificant -- 4 MS. CURRY: 5 Object -- 6 MS. THOMPSON: 7 Q -- or are -- are meant to show there's 8 no association? 9 MS. CURRY: 10 Object to form. 11 A That's a very broad statement. I'd 12 have to -- 13 Can you be more specific? 14 MS. THOMPSON: 15 Q In the case-specific control studies 16 that you looked at that showed an association but 17 a lack of statistical significance, did those 18 authors conclude that that meant there was no 19 association between talc and ovarian cancer? 20 MS. CURRY: 21 Object to the form. 22 MS. THOMPSON: 23 Q Or did Dr. Finan conclude that? 24 A No. Some of the authors claimed an
Page 231	Page 233
1 association; correct? 2 A I'm aware of that. 3 Q Did you read the letters to the editor 4 and response from Dr. O'Brien on her paper? 5 A I'm not sure. 6 Q Okay. You're not an epidemiologist. 7 A No. 8 Q But if an epidemiologist said that the 9 lack of statistical significance does not mean 10 that the study does not show an association, 11 particularly in aggregate, they would be wrong; 12 correct? 13 A I think that would be conflicting with 14 most of the literature that's being published 15 today, every day, in medical and scientific 16 journals, yes. 17 Q Would it be inconsistent with your 18 opinion? 19 A And my opinion is in line with the 20 majority of articles that are published. You 21 cannot publish an article without using 22 statistical significance. 23 Q Well, maybe my question wasn't as I 24 intended. My question is: Do the articles state	1 association, despite the fact that there was no 2 statistically significant difference between the 3 two groups, that the confidence interval crossed 4 1. 5 Q But your opinion is still that means no 6 association. Not an increased association that 7 wasn't statistically significant for -- 8 There are lots of other reasons why 9 something can be not statistically significant 10 without there being a no association; correct? 11 MS. CURRY: 12 Object to the form. 13 A Sure. 14 MS. THOMPSON: 15 Q Like the numbers in the study. 16 A Sure. And my opinion is in line with 17 hundreds, if not thousands, of other authors that 18 publish every single day in medical and 19 scientific literature. 20 Q And another reason could be the power 21 of the study; correct? 22 A Yes. 23 Q And I believe you testified previously 24 that in addition to recall bias, publication

<p>1 bias, and other biases in the case-control 2 studies, you also said there could be author 3 bias. 4 A Of course. 5 Q What do you mean by that? 6 A Well, when an author designs a study, 7 they have to make choices. They have to make 8 choices as to who they're gonna include, who 9 they're gonna exclude. They have to make choices 10 about control groups. How are they gonna contact 11 the control groups? How many exclusions are 12 there gonna be to the controls? How are they 13 gonna match the controls? 14 So that is an opportunity to insert 15 bias in some cases. And it's -- it's true 16 throughout the literature as well. It's not 17 unique to this topic. 18 Q And is it your opinion that that author 19 bias would just be in the studies that show that 20 statistically significant increase or both? 21 A No, of course not. I just said that 22 there's author bias throughout the literature and 23 there's author bias on both sides of this topic. 24 Q Okay. So you're not suggesting that</p>	Page 234	<p>1 Brandi Carl. Tell me the methodology that you 2 used to give your opinions on the Brandi Carl 3 case as to whether talcum powder caused or 4 contributed to her borderline ovarian cancer, or 5 her borderline -- excuse me -- her borderline 6 ovarian tumor. 7 A Well, I reviewed her medical records, I 8 reviewed the medical literature, I reviewed 9 essentially everything that I've described in 10 this paper, and I used Bradford Hill analysis to 11 sort of guide me in that review. 12 Q Have you ever done a Bradford Hill 13 analysis in any other work you've done? 14 MS. CURRY: 15 Object to the form. 16 A To be honest with you, only in this -- 17 only in this work have I used a Bradford Hill 18 analysis. 19 MS. THOMPSON: 20 Q So it's not part of your regular 21 practice of medicine? 22 A Well, I take that back. When I -- you 23 know, when -- when looking at the cause of 24 cervical cancer or lung cancer or when articles</p>	Page 236
<p>1 Dr. Cramer, who published his first study showing 2 the increased risk, was influenced by lawsuits or 3 lawyers? 4 A No, not at all. No. 5 Q Okay. And the same would be true for 6 the studies being published today? 7 A In many cases, yes. It's just a -- 8 it's just a well-described bias that's present 9 throughout the literature. 10 Q So it's not a reason, just because an 11 expert or scientist has consulted with either 12 side, that you discount their findings; right? 13 MS. CURRY: 14 Object to the form. 15 A No. It's just a well -- it's a 16 well-described bias, not just because -- not just 17 from experts but authors in general. Everyone 18 has bias, just like news commentaries have bias, 19 and they can choose how they present a particular 20 news article on TV. There's bias everywhere. 21 It's not -- it's not something that you can just 22 exclude. It's -- it's a known, well-described 23 point of bias. 24 Q All right. Let's move along to</p>	Page 235	<p>1 are published trying to search for a reason for 2 any cancer, I guess I do use that method, yes. 3 So I misspoke there. 4 Q You performed your own Bradford Hill 5 analysis when you looked at cause of cervical 6 cancer? 7 A No. 8 Q Or you just read -- 9 A I read the articles that described -- 10 you know, they initially thought, as you well 11 know -- I'm not telling you anything you don't 12 know -- they initially thought that herpes was a 13 cause, yet herpes was just associated with it. 14 It ended up being caused by HPV. No. I just 15 read the literature. 16 Q So the answer to the question have you 17 ever performed a Bradford Hill analysis yourself 18 would be no. 19 MS. CURRY: 20 Object to the form. 21 A Not a formal one. I guess I do it in 22 my mind when I'm, you know, reading anything new 23 that comes up with regard to causes of various 24 cancers.</p>	Page 237

Page 238 1 MS. THOMPSON: 2 Q Would you have known or could you have 3 recited the Bradford Hill factors prior to 4 working on these cases? 5 A No. 6 Q And you have stated that the only 7 potential cause of ovarian cancer is a genetic 8 mutation like BRCA; correct? 9 A The only known cause. 10 Q Yes. 11 And is there any evidence that 12 Miss Carl had a genetic cause for her borderline 13 tumor? 14 A No. 15 Q Did she have genetic testing? 16 A She had genetic testing as part of her 17 infertility workup, but I think it was limited to 18 those genes that are pertinent to infertility, if 19 I'm not mistaken. She underwent a carrier-type 20 analysis -- 21 Q Okay. 22 A -- that did not reveal any genetic 23 mutations. That was on October 12th, 2012, by 24 Integrated Genetics.	Page 240 1 ovarian cancer. They are present but at a much 2 lower level. 3 Q Did you see Dr. Burton's testimony that 4 every tumor has a genetic and an environmental 5 cause? 6 A I don't recall that. 7 Q Would you agree with that statement 8 from Dr. Burton? 9 MS. CURRY: 10 Object to the form. 11 A We don't know the cause of most 12 cancers, so I don't -- I don't think that's a 13 fair statement. We only know the cause of a 14 handful of cancers. 15 MS. THOMPSON: 16 Q So you would disagree that, in addition 17 to a genetic mutation that can cause ovarian 18 cancer, there has to be something along with it? 19 A The truth is we don't know what causes 20 most cancers. There's a lot of research being 21 done, there's a lot of theories, but we just 22 don't know. 23 Q What's your explanation for why not all 24 BRCA1 and 2 patients get ovarian or breast
Page 239 1 Q Okay. And that's not the same thing 2 as -- 3 A No. 4 Q -- ovarian cancer genetic panel; 5 correct? 6 A Correct. 7 Q Does she have any relevant family 8 history? 9 A Not that I know of, no. 10 Q And did you read the deposition of her 11 treating doctor, Dr. Elizabeth Burton? 12 A Oh. Let me see. I'd have to look at 13 my -- 14 Yes, I did. 15 Q And do you recall Dr. Burton testifying 16 that genetic mutations are typically not 17 associated with borderline tumors? 18 A That is true. 19 Q And you would agree with that? 20 A Yes. 21 Q Did you see Dr. Burton's testimony 22 that -- 23 A Well, I should say they're -- they're 24 much less commonly involved than with invasive	Page 241 1 cancer? 2 A Well, it's the same explanation as to 3 why don't all smokers get lung cancer. You can 4 smoke for 80 years and not get lung cancer. It 5 just -- it's... 6 Q But you will not agree that the genetic 7 mutation is also accompanied by an environmental 8 exposure? 9 A I -- 10 MS. CURRY: 11 Object to the form. 12 A I don't think that's been proven. No. 13 It's certainly a theory. 14 MS. THOMPSON: 15 Q Is it plausible? 16 A Are you using a legal definition of 17 plausible? 18 Q I -- I am just using the everyday 19 definition of -- 20 I don't know a legal definition of 21 plausible, honestly. 22 A I'm just asking. 23 Q Oh. 24 A I don't want to, you know --

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<p>1 Q There's certainly a definition in 2 Bradford Hill criteria of plausibility; correct?</p> <p>3 A Right. Yes. I'd say it's plausible, 4 yes.</p> <p>5 Q And that's not a legal definition of 6 plausibility.</p> <p>7 A I'm trying to stay out of impeachment 8 jail. So I want to make sure that if a legal 9 term is used, I know it's a legal term.</p> <p>10 Q Okay.</p> <p>11 A That was my only motivation for asking 12 you that.</p> <p>13 Q Have you thought I'm trying to send you 14 to impeachment jail?</p> <p>15 A No.</p> <p>16 MS. CURRY:</p> <p>17 For the record, there's no such thing 18 as impeachment jail.</p> <p>19 MS. THOMPSON:</p> <p>20 Q There is contempt jail.</p> <p>21 A Yes.</p> <p>22 Q But I don't think anything's risen to 23 that level today.</p> <p>24 At the beginning of your review of the</p>	<p>1 Q Because you don't believe it's 2 associated with it; correct?</p> <p>3 A I know it's not associated with it.</p> <p>4 Q You know a hundred percent; right?</p> <p>5 A Yes.</p> <p>6 Q So -- so looking at medical records is 7 just an exercise. It's not an actual process by 8 which you determine whether or not her ovarian 9 cancer was caused or whether talcum powder use 10 was a cause of the cancer.</p> <p>11 MS. CURRY:</p> <p>12 Object to the form.</p> <p>13 A I disagree. I think every case is 14 unique, and I respect every patient, all they go 15 through. You know, she's been through chemo. 16 She's been through infertility, lost her female 17 reproductive organs at a young age. I think 18 that's unfair.</p> <p>19 Q So when you were looking at her case, 20 it was in the interest of seeing what other 21 factors might have contributed to the borderline 22 cancer, but you knew you weren't going to say 23 talc was; right?</p> <p>24 MS. CURRY:</p> <p>1 medical records and other documents that you 2 looked at with Miss Carl, did you know beforehand 3 that your conclusion would be that talcum powder 4 did not contribute to her borderline tumor?</p> <p>5 A I'm not sure I understand the question.</p> <p>6 Q Did you know before you looked at all 7 the records that you would not give an opinion 8 that talcum powder use contributed to her 9 borderline tumor?</p> <p>10 A Um, well, since I had already come to 11 the conclusion that the migration theory doesn't 12 hold water, that the inflammation theory doesn't 13 hold water, and based on all of the work that I 14 had done since 2015, I would say certainly that 15 experience influenced my opinion and was 16 supportive of it. But the truth is when I saw 17 that she had a borderline tumor, I did look at it 18 very carefully to see if perhaps I was missing 19 something. You know, the only risk factors known 20 for borderline tumors don't include talc.</p> <p>21 Q Have you ever looked at a case and 22 determined that the talcum powder use contributed 23 to her ovarian cancer of whatever kind?</p> <p>24 A No.</p>
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<p>Page 246</p> <p>1 Q Okay. So -- so how can you envision a 2 case that you would say talc was a contributing 3 factor?</p> <p>4 MS. CURRY:</p> <p>5 Object to the form.</p> <p>6 A I'm not sure where you're going with 7 this.</p> <p>8 MS. THOMPSON:</p> <p>9 Q I'm not going anywhere. I'm just 10 asking a question.</p> <p>11 Can you envision a case where you would 12 say talc was a contributing factor?</p> <p>13 A To what?</p> <p>14 Q To an ovarian cancer of any type.</p> <p>15 A Well, this patient didn't have an 16 ovarian cancer.</p> <p>17 Q That's not my question.</p> <p>18 A She had a borderline tumor.</p> <p>19 Q My question is --</p> <p>20 Okay. Let me rephrase the question.</p> <p>21 Can you envision any case of ovarian 22 cancer or any type of pelvic condition where you 23 would say talc was a contributing factor?</p> <p>24 A I cannot right now. But, again, each</p>	<p>Page 248</p> <p>1 contributing cause in this case?</p> <p>2 A Not that I can imagine. But I would 3 have to see the case.</p> <p>4 Q Why would you have to see the case?</p> <p>5 A Because, again, each case is unique.</p> <p>6 Q Okay. Well, let me just -- I can just 7 name every potential case, and you can tell me 8 yes or no. I think it would be easier if you 9 could tell me what case you might be able to 10 envision.</p> <p>11 MS. CURRY:</p> <p>12 Object to the form.</p> <p>13 A Yeah. Somehow I feel like you're 14 trying to trick me.</p> <p>15 MS. THOMPSON:</p> <p>16 Q I am not. I am not nearly 17 sophisticated enough to trick you. I just --</p> <p>18 No. This is no trick. And we can go 19 through them.</p> <p>20 Any of the invasive epithelial ovarian 21 cancer, is there one type that you would say this 22 could be caused by talcum powder use?</p> <p>23 A No. Not -- not based on this, you 24 know, 60-plus pages of expert opinion --</p>
<p>Page 247</p> <p>1 case I look at is an individual case, and I take 2 that case and look at all the factors.</p> <p>3 Q I understand.</p> <p>4 A I don't -- I don't want to discount the 5 fact that each patient is unique, each patient 6 has their own journey that they've gone through, 7 very, very difficult journey, and I try to take 8 each case individually.</p> <p>9 Q Yeah. I -- I appreciate that, and I -- 10 I think that you have done that. But my question 11 is: Is there any case --</p> <p>12 And you'll look at other risk factors, 13 ones that you believe are risk factors; right?</p> <p>14 A Sure.</p> <p>15 Q And you look at her age; correct?</p> <p>16 A Right.</p> <p>17 Q You look at her family history; 18 correct?</p> <p>19 A Yes.</p> <p>20 Q And I assume you look at what her 21 talcum powder usage was; correct?</p> <p>22 A Yes.</p> <p>23 Q Is there a case that you can think of 24 that you would say the talcum powder was a</p>	<p>Page 249</p> <p>1 Q Yeah. That's -- that's all -- that's 2 all I'm asking.</p> <p>3 A Okay. Yeah.</p> <p>4 Q Are there any nonepithelial ovarian 5 cancers that you can say, oh, that might be 6 caused by talc use?</p> <p>7 A I don't think so.</p> <p>8 Q Peritoneal mesothelioma, you have said, 9 can be caused by talc use, but you say not 10 genital talc use; correct?</p> <p>11 A Well --</p> <p>12 MS. CURRY:</p> <p>13 Object to the form. And misstates the 14 testimony.</p> <p>15 A I said it's caused by asbestos 16 exposure.</p> <p>17 MS. THOMPSON:</p> <p>18 Q Okay. I'm sorry. You're right. So 19 that would not be one.</p> <p>20 Would there be any kind of uterine 21 cancer that you'd say talc can be a contributing 22 factor?</p> <p>23 A No, ma'am.</p> <p>24 Q Is there any kind of cervical cancer</p>

<p style="text-align: right;">Page 250</p> <p>1 you would say talc could be a contributing 2 factor?</p> <p>3 A No.</p> <p>4 Q Any kind of vaginal cancer that talc 5 could be a contributing factor?</p> <p>6 A No.</p> <p>7 Q Any kind of vulvar cancer that talc 8 could be a contributing factor?</p> <p>9 A No, not that we know of.</p> <p>10 Q Are there any benign pelvic conditions, 11 with the exception of borderline, which we're 12 talking about now, which would be controversial 13 whether it's benign or not, but are there any 14 benign gynecologic conditions that you think you 15 could testify that, oh, talc might have 16 contributed to fibroids, endometriosis, any other 17 pelvic inflammatory disease, any other conditions 18 that you would look at a case and say "I would 19 have to say talc use could be a contributing 20 factor in that case"?</p> <p>21 MS. CURRY:</p> <p>22 Object to the form.</p> <p>23 A Yeah. I'd -- I'd really have to see 24 the case. I mean, you're asking me a lot of</p>	<p style="text-align: right;">Page 252</p> <p>1 ovarian cancer that you and I know today.</p> <p>2 A Okay.</p> <p>3 Q Okay. That --</p> <p>4 We sometimes get the answer. It takes 5 a little while.</p> <p>6 Okay. Let's go back to Brandi Carl.</p> <p>7 Do you -- did you have any reason to question or 8 criticize Miss Carl's care and treatment by 9 Dr. Burton?</p> <p>10 A No. None whatsoever.</p> <p>11 Q Let's look at a few medical records.</p> <p>12 And I believe you've reviewed this.</p> <p>13 MS. THOMPSON:</p> <p>14 What number are we on?</p> <p>15 MR. BEATTIE:</p> <p>16 Twenty.</p> <p>17 (PLAINTIFF'S EXHIBIT NUMBER 20</p> <p>18 WAS MARKED FOR IDENTIFICATION.)</p> <p>19 MS. THOMPSON:</p> <p>20 Q This is 21. This is the initial visit 21 with Dr. Burton.</p> <p>22 MS. CURRY:</p> <p>23 This is 20.</p> <p>24 MR. BEATTIE:</p>
<p style="text-align: right;">Page 251</p> <p>1 broad questions here, and --</p> <p>2 MS. THOMPSON:</p> <p>3 Q Still too broad?</p> <p>4 A Well, there may be --</p> <p>5 I don't know. At trial you could pull 6 out a case report of a talcoma. I've never heard 7 of one. But my point is I feel like you're 8 trying to trick me.</p> <p>9 Q Well, I'm just asking you a question.</p> <p>10 No trick -- no trick certainly intended. If I 11 do, I'm -- you know, more power to me. But --</p> <p>12 A If you're talking about --</p> <p>13 Q So if I present you with a talcoma 14 case, you might say, hey, that might be caused by 15 her talc use?</p> <p>16 MS. CURRY:</p> <p>17 Object to the form.</p> <p>18 MS. THOMPSON:</p> <p>19 Q Anything else --</p> <p>20 A I'd have to see it. But yes. Outside 21 of that, I would say the common gynecologic 22 conditions that I see every week, talc is not a 23 contributing or causative factor.</p> <p>24 Q And that would include all the types of</p>	<p style="text-align: right;">Page 253</p> <p>1 You're right. I got ahead of myself.</p> <p>2 MS. THOMPSON:</p> <p>3 No, that's not --</p> <p>4 Q Okay. And this record says that 5 Miss Carl is a 36-year-old G zero. What does 6 that mean?</p> <p>7 A Nulliparous. No children.</p> <p>8 Q With six months of infertility. That's 9 what Dr. Burton described; correct?</p> <p>10 A That's what she has written here.</p> <p>11 Q And she was referred, actually, by the 12 infertility doctor; correct?</p> <p>13 A Yes.</p> <p>14 Q And that's because the infertility 15 doctor --</p> <p>16 I think it's a he. And I can't 17 remember his name.</p> <p>18 -- on examination found bilateral 19 adnexal masses; correct?</p> <p>20 A That is correct.</p> <p>21 Q And of significant size; correct?</p> <p>22 A Yes.</p> <p>23 Q One 7-by-7 centimeters on the right is 24 what Dr. Burton describes; correct?</p>

<p style="text-align: right;">Page 254</p> <p>1 A Yes.</p> <p>2 Q And 11-by-8 centimeters on the left</p> <p>3 described by Dr. Burton; correct?</p> <p>4 A Yes.</p> <p>5 Q And in the other -- rest of the</p> <p>6 history, she does state that her past GYN</p> <p>7 history, she was on the pill or NuvaRing for ten</p> <p>8 years. And that would be a protective factor;</p> <p>9 correct?</p> <p>10 A Yes. Well, for ovarian cancer, yes.</p> <p>11 Q For ovarian cancer. And -- well, yeah.</p> <p>12 For borderline tumor, is that a</p> <p>13 protective factor?</p> <p>14 A I presume so.</p> <p>15 Q And she was a former smoker, quit six</p> <p>16 to twelve months ago.</p> <p>17 Is smoking related to borderline</p> <p>18 ovarian tumor?</p> <p>19 A There have been a number of studies</p> <p>20 that say that it's related and it's associated</p> <p>21 with it, with an odds ratio and confidence</p> <p>22 interval that are significantly different. But</p> <p>23 it's not listed by most societies or --</p> <p>24 Like, UpToDate doesn't list it as a</p>	<p style="text-align: right;">Page 256</p> <p>1 (PLAINTIFF'S EXHIBIT NUMBER 21</p> <p>2 WAS MARKED FOR IDENTIFICATION.)</p> <p>3 MS. THOMPSON:</p> <p>4 Q And that will be 21.</p> <p>5 Oh. I gave you the wrong one.</p> <p>6 A This is Dr. Burton's operative report.</p> <p>7 Q Yeah. That's the hysterectomy. But</p> <p>8 we'll just keep that as 21. And we'll do her</p> <p>9 first procedure as 22 and talk about them</p> <p>10 together, if that's okay.</p> <p>11 A Okay.</p> <p>12 (PLAINTIFF'S EXHIBIT NUMBER 22</p> <p>13 WAS MARKED FOR IDENTIFICATION.)</p> <p>14 MS. THOMPSON:</p> <p>15 Q So on 22, it describes the procedure</p> <p>16 that Dr. Burton performed initially on August</p> <p>17 26th, 1970 --</p> <p>18 Oh. That's her date of birth.</p> <p>19 -- on 11-30-2012; correct?</p> <p>20 A Uh-huh.</p> <p>21 Q Would you call this a staging procedure</p> <p>22 for a borderline?</p> <p>23 A Yes.</p> <p>24 Q She did have omentectomy, biopsies,</p>
<p style="text-align: right;">Page 255</p> <p>1 risk factor.</p> <p>2 Q And --</p> <p>3 A But I think you could find half a dozen</p> <p>4 articles that list it.</p> <p>5 Q And there are mucinous borderline</p> <p>6 tumors as well as serous; correct?</p> <p>7 A Of course, yes.</p> <p>8 Q And is that at times an explanation for</p> <p>9 smoking being associated with borderline tumors?</p> <p>10 MS. CURRY:</p> <p>11 Object to the form.</p> <p>12 A I suppose it could be.</p> <p>13 MS. THOMPSON:</p> <p>14 Q And, in your report, you say her BMI is</p> <p>15 32.3; correct?</p> <p>16 A Yes.</p> <p>17 Q Was that on this initial visit as well?</p> <p>18 A I don't recall. I'd have to calculate</p> <p>19 it. But I --</p> <p>20 Q Okay. But that was from medical</p> <p>21 records that you reviewed; correct?</p> <p>22 A Yes. Yes.</p> <p>23 Q Okay. Let's look at her operative</p> <p>24 report from the oophorectomy.</p>	<p style="text-align: right;">Page 257</p> <p>1 wash. I don't believe she had a lymphadenectomy</p> <p>2 at this point; correct?</p> <p>3 A Correct, yeah.</p> <p>4 Q And that was an appropriate procedure</p> <p>5 to be done with her presentation?</p> <p>6 A Yes.</p> <p>7 Q And, as time went on, Miss Carl, in</p> <p>8 consultation with Dr. Burton, decided</p> <p>9 hysterectomy was in her best interest because of</p> <p>10 the pathological findings; correct?</p> <p>11 A Yes.</p> <p>12 Q And would you agree with that decision</p> <p>13 both by Dr. Burton and Dr. -- and Miss Carl in</p> <p>14 conjunction with each other?</p> <p>15 A Of course.</p> <p>16 Q I'm gonna give you the --</p> <p>17 And this is actually the path report</p> <p>18 from the initial surgery. And --</p> <p>19 A This is from the initial surgery.</p> <p>20 Q Yes. Because it talks -- it includes</p> <p>21 the left tube and ovary. I was questioning that</p> <p>22 myself.</p> <p>23 And this path report does confirm the</p> <p>24 micropapillary serous borderline tumor; correct?</p>

<p style="text-align: right;">Page 258</p> <p>1 A Correct. 2 Q That was relatively extensive as far as 3 borderline tumors go. Would you agree with that? 4 A Yes. The only point I disagree with is 5 our pathology expert did not find the implants to 6 be invasive. But I certainly won't criticize 7 this -- the decisions made. 8 Q Okay. And that was Dr. Felix? 9 A Right. 10 I'm certainly not going to criticize 11 anyone for deciding to treat her with this path 12 report. 13 Q And so he agreed with the 14 micropapillary serous borderline tumor dia- -- 15 pathologic diagnosis but did not believe it rose 16 to an invasive? 17 A Right. His impression was that the 18 implants were noninvasive. And, admittedly, that 19 is a very difficult thing to determine. 20 Q And she had the serous borderline tumor 21 in lymph nodes? 22 A Yes. 23 Q And appendix? 24 A Yes.</p>	<p style="text-align: right;">Page 260</p> <p>1 Q Did you see any note in her medical 2 records that suggested that she had endometriosis 3 prior to her visit with the fertility specialist? 4 A I would have to go back and look. I 5 know she claimed to have a history of 6 endometriosis. 7 Q I think my question was did you see 8 anything in the medical record to indicate 9 suspicion for endometriosis by her providers? 10 A I have four binders of medical records 11 this thick. I'll have to -- I'll have to go back 12 and check. 13 Q You did not include it in your report; 14 correct? Any notation of endometriosis? 15 A No. 16 Q Miss Carl, I believe, did report 17 dysmenorrhea following discontinuation of her 18 hormonal birth control method. Do you remember 19 that? It may be in that -- 20 A Yes. 21 Q -- initial -- 22 But that doesn't mean she had 23 endometriosis, does it? 24 MS. CURRY:</p>
<p style="text-align: right;">Page 259</p> <p>1 Q In the omentum? 2 A Yes. 3 Q And on peritoneal biopsies; correct? 4 A Correct. 5 Q Did this path report find any 6 endometriosis? 7 A Not that I saw, no. 8 Q Would you have any reason to question 9 the surgical pathologist at the hospital where 10 the procedures were performed in the diagnosis or 11 lack of diagnosis of endometriosis? 12 MS. CURRY: 13 Object to the form. 14 A No. But certainly when you have this 15 much tissue and this much tumor -- 16 I mean, one of the tumors you cited was 17 8 centimeters. The other one was 11 centimeters. 18 I'm not sure that endometriosis would -- 19 You know, they don't biopsy every 20 single micron of tissue. And, in addition to 21 that, she had taken birth control pills, which 22 may have made any prior endometriotic implants 23 resolve. That's a well-accepted treatment for 24 endometriosis.</p>	<p style="text-align: right;">Page 261</p> <p>1 Object to the form. 2 A No, it doesn't necessarily mean that 3 she had endometriosis. 4 MR. BEATTIE: 5 For the record, that last path report 6 was marked Exhibit 23. 7 MS. THOMPSON: 8 Okay. Thank you. 9 (PLAINTIFF'S EXHIBIT NUMBER 23 10 WAS MARKED FOR IDENTIFICATION.) 11 A Oh, we're on to something else. 12 MS. THOMPSON: 13 Did you have something? 14 MS. CURRY: 15 No. I didn't know if you had marked a 16 new exhibit. 17 THE WITNESS: 18 23. 19 MS. THOMPSON: 20 Q Do you consider her BMI of 32.6 a risk 21 factor for a borderline tumor, serous borderline 22 tumor? 23 A I think obesity -- yes, obesity is a 24 risk factor.</p>

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<p>1 Q Do you know -- do you have an opinion 2 as to the degree of risk?</p> <p>3 A No.</p> <p>4 Q Do you remember an odds ratio and a 5 risk ratio for obesity and borderline --</p> <p>6 A No. And I know she -- I think she was 7 heavier earlier in life, too. So she was heavy 8 for a number of years. But, no, I don't recall.</p> <p>9 Q Would you agree that the large tumors 10 found by the infertility doctor on her 11 presentation could also cause her infertility?</p> <p>12 MS. CURRY:</p> <p>13 Sorry. Can you repeat that one more 14 time?</p> <p>15 MS. THOMPSON:</p> <p>16 Q Do you have an opinion as to whether 17 the large tumors on her ovary could actually 18 cause her infertility of six months?</p> <p>19 MS. CURRY:</p> <p>20 Object to the form.</p> <p>21 A Sure.</p> <p>22 MS. THOMPSON:</p> <p>23 Q That was easy.</p> <p>24 A There could be other causes, too. I</p>	<p>1 tumors?</p> <p>2 MS. CURRY:</p> <p>3 Object to the form.</p> <p>4 A Most don't. You're right.</p> <p>5 MS. THOMPSON:</p> <p>6 Q There are some that did separate out 7 borderline; correct?</p> <p>8 A Sure.</p> <p>9 Q Do you remember seeing the Harlow study 10 of 1992?</p> <p>11 A Yes, I do.</p> <p>12 Q One of the early case-control studies?</p> <p>13 Exhibit --</p> <p>14 MR. BEATTIE:</p> <p>15 24.</p> <p>16 MS. THOMPSON:</p> <p>17 Q -- 24.</p> <p>18 (PLAINTIFF'S EXHIBIT NUMBER 24</p> <p>19 WAS MARKED FOR IDENTIFICATION.)</p> <p>20 MS. THOMPSON:</p> <p>21 Q And if we look to table 5, you will see 22 that these authors found any use of talcum powder 23 to have an adjusted OR of 2.4 with a confidence 24 interval 1.2 to 4.5; correct?</p>
Page 263	Page 265
<p>1 mean...</p> <p>2 Q I get it.</p> <p>3 A She was 32 years old, and, I mean --</p> <p>4 Q But they could be a cause.</p> <p>5 A Sure.</p> <p>6 Q Particularly with a six-month history.</p> <p>7 A She actually had infertility for two 8 years.</p> <p>9 Q The medical records say six months; 10 correct?</p> <p>11 A Her deposition says two years.</p> <p>12 Q I just asked you about the medical 13 records. Says six months?</p> <p>14 A Page 103 of her deposition, line 3.</p> <p>15 Q I didn't ask about a deposition.</p> <p>16 A Well, it's the truth.</p> <p>17 Q That information's always good to have.</p> <p>18 I think we will go over some literature 19 for borderline just to look at what some odds 20 ratios are that do look at borderline.</p> <p>21 Will you agree with me that many of the 22 epidemiological studies either don't include 23 borderline tumors intentionally or don't 24 distinguish between borderline and invasive</p>	<p>1 A Correct.</p> <p>2 Q Are you familiar with the Terry study?</p> <p>3 A Yes.</p> <p>4 (PLAINTIFF'S EXHIBIT NUMBER 25</p> <p>5 WAS MARKED FOR IDENTIFICATION.)</p> <p>6 MS. THOMPSON:</p> <p>7 Q What is the Terry study?</p> <p>8 A Well, I believe I cited it in my --</p> <p>9 Q It's a pooled analysis; correct?</p> <p>10 A Yes. Yes.</p> <p>11 Q And the Terry study did separate out 12 borderline tumors. And do you recall what the 13 odds ratio was for the -- for borderline tumors?</p> <p>14 A It looks like an odds ratio of 1.3 with 15 a confidence interval of 1.15 to 1.47.</p> <p>16 Q And that's statistically significant; 17 correct?</p> <p>18 A Yes.</p> <p>19 Q Are you familiar with the Berge 20 analysis?</p> <p>21 Terry is 25. Berge is 26.</p> <p>22 A Thank you.</p> <p>23 (PLAINTIFF'S EXHIBIT NUMBER 26</p> <p>24 WAS MARKED FOR IDENTIFICATION.)</p>

1 MS. THOMPSON: 2 Q And on Berge, if you could turn to page 3 6, the Berge meta-analysis was able to separate 4 borderline tumors; correct? 5 A Yes. 6 Q And what was the risk ratio? 7 A 1.27. Confidence interval, 1.09 to 8 1.44. 9 Q And that would be a statistically 10 significant increased risk; correct? 11 A Yes. 12 Q Are you familiar with the Penninkilampi 13 study? 14 A Yes. 15 Q And the Penninkilampi study is a 16 meta-analysis as well; correct? 17 A Correct. 18 (PLAINTIFF'S EXHIBIT NUMBER 27 19 WAS MARKED FOR IDENTIFICATION.) 20 MS. THOMPSON: 21 Q And the Penninkilampi study, if you'll 22 turn to page 5, table 2, actually separated 23 serous borderline as well as mucinous borderline; 24 correct? 1 A Right. 2 Q And what did the Penninkilampi study 3 find as the odds ratio for serous borderline? 4 A 1.39. Confidence interval, 1.09 to 5 1.78. 6 Q And that's statistically significant; 7 correct? 8 A Yes. 9 Q And are you familiar with the Taher 10 meta-analysis? 11 A I am. 12 MS. THOMPSON: 13 26? 14 MR. BEATTIE: 15 28. Penninkilampi was 27. 16 THE WITNESS: 17 To think you started out with nine. 18 That was wishful thinking. 19 (PLAINTIFF'S EXHIBIT NUMBER 28 20 WAS MARKED FOR IDENTIFICATION.) 21 MS. THOMPSON: 22 Q And what's the Taher study? 23 A It's a -- I think it's a meta-analysis, 24 if I'm not mistaken.	Page 266 Page 268 1 Q And was the Taher study performed at 2 the request of Health Canada? Do you remember or 3 do you recall? 4 A I believe there was some association 5 there. I don't recall the details. 6 Q Have any of the societies that you've 7 mentioned today and are included in your report 8 performed and published a meta-analysis, that 9 you're aware of? 10 A Not that I'm aware of. 11 Q That would include SGO? 12 A Yes. 13 Q ACOG? 14 A Yes. 15 Q NCI, NIH? 16 A Yes. 17 Q CDC? 18 A Yes. 19 Q FDA? 20 A Yes. 21 Q NCCN? 22 A Uh-huh. 23 Q Any other agency that you're aware of? 24 A Not that I'm aware of, no. Page 267 Page 269 1 Q Did you review Dr. Godleski's report in 2 Miss Carl's case? 3 A I did. 4 Q And I only have one copy of this, so 5 I'll have you-all share this. This is Exhibit 6 29. And get my notes. 7 (PLAINTIFF'S EXHIBIT NUMBER 29 8 WAS MARKED FOR IDENTIFICATION.) 9 MS. THOMPSON: 10 Q And you've seen these reports from 11 Dr. Godleski before; correct? 12 A I have. 13 Q And do you have any criticism as to 14 Dr. Godleski's methodology when he's looking at 15 tissues from the ovarian cancer plaintiffs in 16 this litigation? 17 A I'm sorry. I'm not sure I understood 18 the question. 19 Q Fair enough. 20 Do you know the methodology that 21 Dr. Godleski uses when he's identifying these 22 particles? 23 A I've read it. 24 Q Do you have any criticism of that
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<p>1 methodology?</p> <p>2 A I -- I tell you, I think I would have</p> <p>3 to defer to a cell biologist on that. But I</p> <p>4 would say that I don't think anyone can exclude</p> <p>5 contamination, even with the meticulous methods</p> <p>6 that he carried out, because we don't know the</p> <p>7 chain of custody and we don't know how filthy the</p> <p>8 pathology lab was where these specimens came</p> <p>9 from.</p> <p>10 Q Have you studied any of Dr. Godleski's</p> <p>11 deposition or trial testimony?</p> <p>12 A I --</p> <p>13 Let me -- I don't want to say anything</p> <p>14 untrue, so let me look back at my list of</p> <p>15 reliance materials.</p> <p>16 I studied his expert report and his</p> <p>17 deposition from 2016, yes.</p> <p>18 Q Do you have any knowledge of the</p> <p>19 protocols in his lab that prohibit the</p> <p>20 possibility of contamination?</p> <p>21 A I think his techniques are very good at</p> <p>22 prohibiting contamination in his lab. What I</p> <p>23 can't get over is the fact that these specimens</p> <p>24 were likely contaminated before they got to his</p>	<p>Page 270</p> <p>1 Q How many particles did he find in</p> <p>2 total?</p> <p>3 A The finding of 21 talc particles by</p> <p>4 analytical microscopy cumulatively across six</p> <p>5 paraffin blocks. That could be from</p> <p>6 contamination from the operating room or the</p> <p>7 pathology lab where they sat.</p> <p>8 Q So your opinion is it could be from</p> <p>9 contamination. And if Dr. Godleski explains why</p> <p>10 it was not from contamination, would you</p> <p>11 automatically disagree with him?</p> <p>12 MS. CURRY:</p> <p>13 Object to the form.</p> <p>14 A I'd have to hear his testimony. I'm</p> <p>15 not gonna automatically disagree with someone.</p> <p>16 That wouldn't be very polite. The -- the blocks</p> <p>17 came from Abington Memorial Hospital in Abington,</p> <p>18 Pennsylvania.</p> <p>19 Q Correct.</p> <p>20 A I don't believe he's familiar with the</p> <p>21 chain of custody in Abington, Pennsylvania,</p> <p>22 unless I'm maybe mistaken. I think he's at</p> <p>23 Harvard.</p> <p>24 Q Would you defer to --</p>
<p>1 lab. Because he doesn't have documentation of</p> <p>2 the chain of custody between the operating table</p> <p>3 and the pathology department, wherever they came</p> <p>4 from, and then he has no control of how the</p> <p>5 specimens were handled in that pathology</p> <p>6 department.</p> <p>7 Q Which --</p> <p>8 A So I think his handling of the tissues</p> <p>9 is impeccable. But the trouble is the handling</p> <p>10 of the tissues before they get to him.</p> <p>11 Q Would you defer to Dr. Godleski to</p> <p>12 describe what he knows about the chain of custody</p> <p>13 of the specimen that he received?</p> <p>14 A Would I defer to him to testify</p> <p>15 regarding the chain of custody?</p> <p>16 Q If he knows something about the chain</p> <p>17 of custody?</p> <p>18 A I -- I would say I guess so.</p> <p>19 Q Okay. Let's turn to Dr. Godleski's</p> <p>20 conclusions. And it should be on the final --</p> <p>21 last page. And if you can tell me what</p> <p>22 Dr. Godleski found in Miss Carl's tissues.</p> <p>23 A Where do you want me to start? Oh, the</p> <p>24 very end?</p>	<p>Page 271</p> <p>1 Q If Dr. Godleski testifies that these</p> <p>2 are not caused by contamination in this case,</p> <p>3 would you disagree with him?</p> <p>4 A I'm gonna have to hear his testimony.</p> <p>5 Q You read his testimony. You've seen</p> <p>6 his expert reports. Correct?</p> <p>7 A It was a while back. I didn't do it</p> <p>8 yesterday.</p> <p>9 Q When you've read his deposition, trial</p> <p>10 testimony, expert report, do you recall the</p> <p>11 explanation of why these samples are not lab</p> <p>12 contamination?</p> <p>13 A I don't.</p> <p>14 Q Are you a pathologist?</p> <p>15 A No.</p> <p>16 Q Would you have the knowledge base to</p> <p>17 disagree with Dr. Godleski if he states that</p> <p>18 these particles that he's found are 100 percent</p> <p>19 not contamination from the lab?</p> <p>20 MS. CURRY:</p> <p>21 Object to the form.</p> <p>22 A I've been in too many pathology labs</p> <p>23 and seen how specimens are handled. They set</p> <p>24 them on paper. Most paper specimens have talc in</p>

<p style="text-align: right;">Page 274</p> <p>1 them. I'm sorry, but that's the truth. And I'm 2 just not gonna agree with that. 3 MS. THOMPSON: 4 Q Do you know -- 5 A I've seen -- I've seen specimens from 6 the OR to every point at which they end up on the 7 pathologist's table, and they go through multiple 8 staining bins where hundreds, if not thousands, 9 of other specimens have passed. 10 So, no, I'm just not gonna -- I'm not 11 gonna agree to that. 12 Q If a particle is found within a 13 macrophage, can that be lab contamination as 14 well? 15 A That would be less likely to be lab 16 contamination, yes. 17 Q And you know that talc and asbestos 18 fibers have been found within macrophage, and 19 other particles. 20 MS. CURRY: 21 Object to the form. 22 MS. THOMPSON: 23 Q Correct? 24 A Are you referring to this report?</p>	<p style="text-align: right;">Page 276</p> <p>1 Q And how -- 2 The contamination from a lab or 3 handling would be surface contamination; correct? 4 MS. CURRY: 5 Object to the form. 6 A Not really. Because in the lab, they 7 cut up the tissues and they lay them on paper to 8 dry them out, and the paper has talc in it. So 9 that's deep in the tissue. 10 MS. THOMPSON: 11 Q So deeply embedded in the tissue you 12 think can still be contamination from the lab? 13 A I know it can be because I've seen it. 14 Q You know 100 percent? 15 A I've seen it. Yes. 16 Q So if Dr. Godleski testifies that it is 17 not lab contamination, you're right, and he's 18 wrong. 19 MS. CURRY: 20 Object to the form. 21 MS. THOMPSON: 22 Q Correct? 23 Well, when you're a hundred percent 24 sure on these issues, somebody's got to be right</p>
<p style="text-align: right;">Page 275</p> <p>1 Q No. I'm referring to in general. You 2 know that particles have been found within 3 macrophages in the ovaries in pelvic organs. 4 A I'd have to see the article. 5 Q So you have not seen any article 6 showing particles in pelvic tissues and including 7 photomicrographs of -- 8 A Well, the article -- 9 Q -- of particles within a macrophage? 10 A The articles I've seen don't have 11 inflammation. There's no inflammatory response. 12 Q That wasn't my question. 13 Have you seen articles with particles 14 within macrophages? 15 A I have. But the trouble with your 16 theory is that talc causes inflammation. And 17 when you see those particles in ovaries, there's 18 no inflammation. 19 Q I didn't give you any theory. We were 20 talking about particles and contamination. 21 Can a particle within a macrophage be a 22 result of contamination in a lab or chain of 23 custody? 24 A I don't think so, no.</p>	<p style="text-align: right;">Page 277</p> <p>1 and somebody's got to be wrong. 2 A But I'm -- what I'm stating is that lab 3 contamination is a very well-known and very 4 well-described fact; that particles get implanted 5 on the tissues, deep in the tissues, because 6 they're cutting it up and placing it on paper, 7 and then they're running it through wells of 8 stain that have been used for hundreds and 9 hundreds and hundreds of other specimens. It's a 10 filthy process. 11 Q Okay. But you will -- you will give 12 that inside a macrophage is not lab 13 contamination; correct? 14 A Yes. 15 Q Okay. 16 A And I'll also give that I don't see 17 inflammation with these particles. 18 Q I don't think that was a question. 19 Macrophages are associated with 20 inflammation; correct? 21 MS. CURRY: 22 Object to the form. 23 MS. THOMPSON: 24 Q That was a question.</p>

1 A In some cases. 2 Q And macrophages are associated with 3 tumor initiation; correct? 4 MS. CURRY: 5 Object to the form. 6 A We don't really know what causes 7 ovarian cancer tumors, outside of genetics. So I 8 don't think that you can say that 9 macrophages are -- 10 They may be a result of tumor 11 formation, not a cause. 12 MS. THOMPSON: 13 Q Let's talk about cancers generally. 14 Macrophage recruitment is a part of early cancer 15 development; correct? 16 MS. CURRY: 17 Object to the form. 18 A But, in my opinion, it's a reactive -- 19 it's a reaction to the tumor development, not a 20 cause. 21 MS. THOMPSON: 22 Q And it's a reaction to chronic 23 inflammation as well; correct? 24 A Yes.	Page 278 1 willing -- 2 Well, let's just use exactly what you 3 said. 4 Would you be willing to have the 5 opinion the application of talcum powder, 6 regardless of its constituents, even if one of 7 those constituents was asbestos, does not cause 8 or contribute to the development of ovarian 9 cancer? 10 A That's my opinion. 11 Q Okay. Would you be willing to have the 12 opinion that particles from the external 13 environment cannot reach the ovaries? Would you 14 be willing to have that opinion peer-reviewed? 15 A Not without some sort of artificial 16 circumstances. That's correct. 17 Q Would you be willing to have the 18 opinion that inflammation, chronic inflammation, 19 does not cause or contribute to ovarian cancer 20 peer-reviewed? 21 A Sure. 22 MS. THOMPSON: 23 If you'll just give me a minute to -- 24 MS. CURRY:
Page 279 1 Q Would you be agreeable to having your 2 opinions that you've given today peer-reviewed? 3 A Sure. 4 Q Would you be willing to have the 5 opinion that talc is safe peer-reviewed? 6 A Yes. 7 Q Would you be willing to have the 8 opinion talc, even with asbestos, is safe? 9 MS. CURRY: 10 Object to the form. 11 MS. THOMPSON: 12 Q And we're back to the genital 13 application of talcum powder -- 14 A Right. 15 Q -- causing ovarian cancer or 16 contributing to ovarian cancer. 17 A And if you remember our conversation 18 with asbestos, I said it was not safe. 19 Q You said talcum powder, if it contains 20 asbestos, is safe. 21 A What I said was talcum powder, 22 regarding -- regardless of its constituents, 23 whatever's in it is not causing cancer. 24 Q Okay. So even -- so if -- would you be	Page 281 1 Sure. 2 MS. THOMPSON: 3 -- look over, make sure. And I think 4 I'm probably -- I think I'm probably done. 5 THE WITNESS: 6 Can we go off the record for a minute? 7 MS. THOMPSON: 8 Let's go off the record and take a 9 five-minute break. 10 MS. CURRY: 11 Sure. 12 (OFF THE RECORD.) 13 MS. THOMPSON: 14 I have no further questions for 15 Dr. Finan. 16 EXAMINATION 17 BY MS. CURRY: 18 Q I have just two questions for you, 19 Dr. Finan. 20 Earlier in the day you testified that 21 plaintiffs have created the idea that 22 inflammation can cause or contribute to ovarian 23 cancer. When you used the term "plaintiffs," are 24 you referring to Miss Carl and other talcum

Page 282 1 powder plaintiffs? 2 A Oh, God, no. That's -- I was referring 3 to plaintiffs' experts. 4 Q Okay. And you were also shown today 5 Exhibit 13, a pyramid of evidence. Do you -- 6 Is there any citation on here? Can you 7 tell where this document comes from? 8 A No. 9 Q Okay. And have you seen throughout the 10 course of your career other versions of the 11 pyramid of evidence? 12 A Yes. There are actually hundreds of 13 examples, and they're not -- they don't all look 14 exactly like this. There's -- there's a variety 15 of different opinions on what should be at the 16 top and the order of ascent. 17 Q Have you seen examples of the pyramid 18 of evidence where prospective cohort studies are 19 ranked higher than retrospective case-control 20 studies? 21 A Yes. 22 MS. CURRY: 23 Okay. No further questions. 24 MS. THOMPSON:	Page 284 1 C E R T I F I C A T E 2 3 I do hereby certify that the above and 4 foregoing transcript of proceedings in the matter 5 aforementioned was taken down by me in machine 6 shorthand, and the questions and answers thereto 7 were reduced to writing under my personal 8 supervision, and that the foregoing represents a 9 true and correct transcript of the proceedings 10 given by said witness upon said hearing. 11 I further certify that I am neither of 12 counsel nor of kin to the parties to the action, 13 nor am I in anywise interested in the result of 14 said cause. 15 16 17 18  /s:// Lois Anne Robinson LOIS ANNE ROBINSON, RPR, RMR REGISTERED DIPLOMATE REPORTER CERTIFIED REALTIME REPORTER 19 20 21 22 23 24
Page 283 1 I have no further questions. 2 MS. CURRY: 3 I want a rough draft, please. 4 MS. THOMPSON: 5 And we'll request a rough draft, also. 6 (Deposition concluded at 3:50 p.m.) 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	

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New Jersey Rules Governing Civil Practice

Part IV, Rule 4:14

Depositions Upon Oral Examination

4:14-5. Submission to Witness; Changes; Signing

If the officer at the taking of the deposition is a certified shorthand reporter, the witness shall not sign the deposition. If the officer is not a certified shorthand reporter, then unless reading and signing of the deposition are waived by stipulation of the parties, the officer shall request the deponent to appear at a stated time for the purpose of reading and signing it. At that time or at such later time as the officer and witness agree upon, the deposition shall be submitted to the witness for examination and shall be read to or by the witness, and any changes in form or substance which the witness desires to make shall be entered upon the deposition by the officer with a statement of the reasons given by the witness for making them. The deposition shall then be signed by the witness. If the witness fails to appear at the time stated or if the deposition is not signed by the witness, the officer shall sign it and state on the record the fact of the witness' failure or

refusal to sign, together with the reason, if any, given therefor; and the deposition may then be used as fully as though signed, unless on a motion to suppress under R. 4:16-4(d) the court holds that the reasons given for the refusal to sign require rejection of the deposition in whole or in part.

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